



DHHS
MONTGOMERY COUNTY

COMMUNITY REVIEW OF THE ALZHEIMER'S ASSOCIATION NATIONAL CAPITAL AREA CHAPTER

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PLANNING, ACCOUNTABILITY AND CUSTOMER SERVICE

AUGUST 2017





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This document is part of ongoing series of reports to inform management, frontline staff, community partners and the public about the Department of Health and Human Services' efforts to make data informed decisions.

The aim of this work is to identify needs and provide practical responses for frontline practitioners in support of that mission and to support long term strategic solutions which improve individual, family and community health and social outcomes, to deliver more equitable services which reduce disparities, and to be a responsible steward of the public resources.

ACKNOWLEDGEMENTS

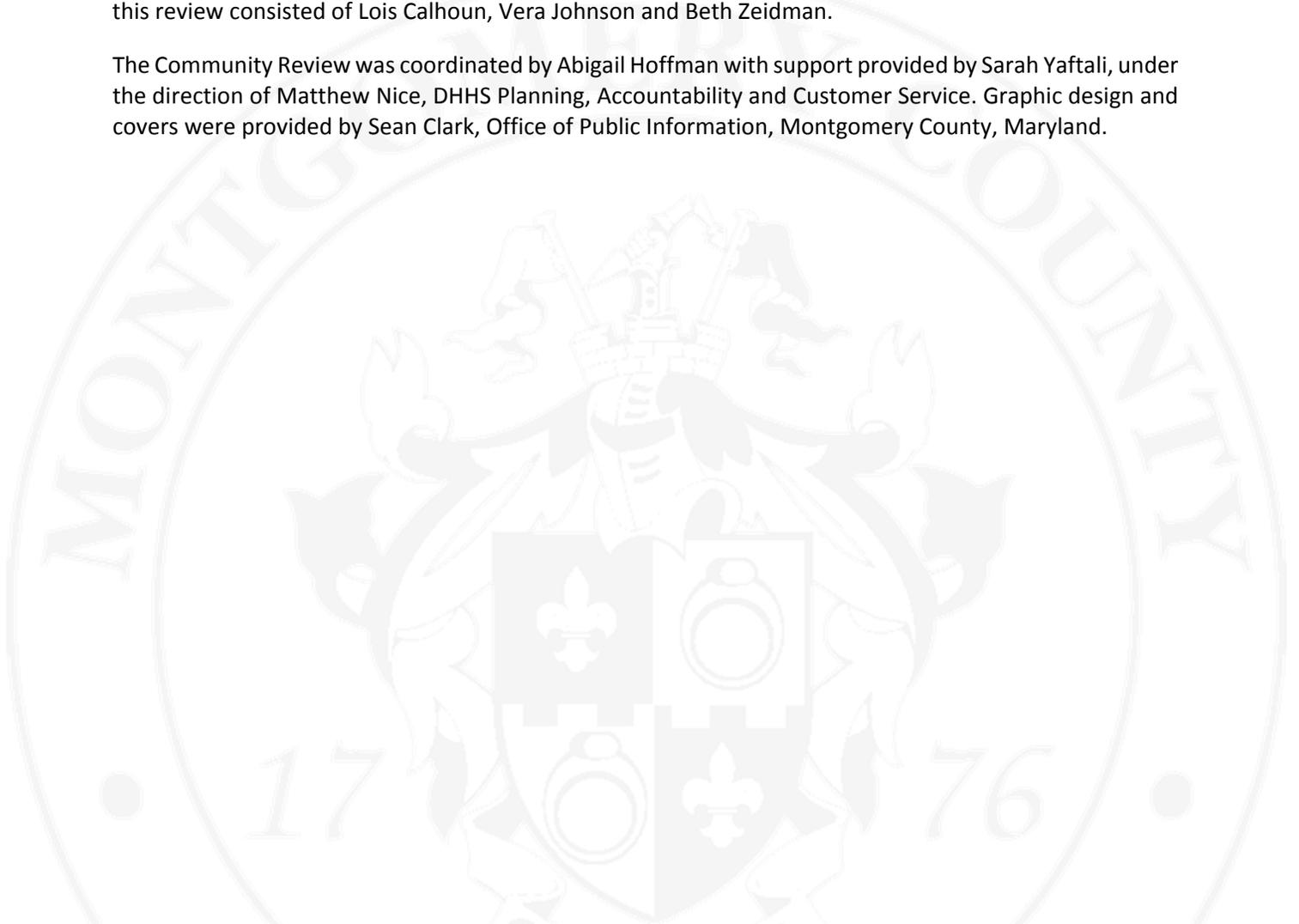
The Department of Health and Human Services (DHHS) is among the largest agency in Montgomery County government and is responsible for public health and human services that help address the needs of the community's most vulnerable children, adults and seniors. DHHS has a staff of 1600 professionals, provides more than 120 programs and delivers services at more than 20 locations throughout Montgomery County.

DHHS provides services through several service areas: Aging and Disability Services (ADS); Behavioral Health and Crisis Services (BHCS); Children, Youth and Family Services (CYFS); Public Health Services (PHS) and Special Needs Housing (SNH). The Office of Community Affairs (OCA) provides direct services through several programs. In addition, DHHS administrative functions include budget administration, fiscal administration, contract management, facilities, grant acquisition, human resources, information systems and performance management.

The Department's core services protect the community's health, protect the health and safety of at-risk children and vulnerable adults and address basic human needs. Planning, Accountability and Customer Service (PACS) operated under the Office of the Director, to ensure efficient, effective and high quality delivery of services and to measure the goals of the organization and focus on results in line with the organization's values.

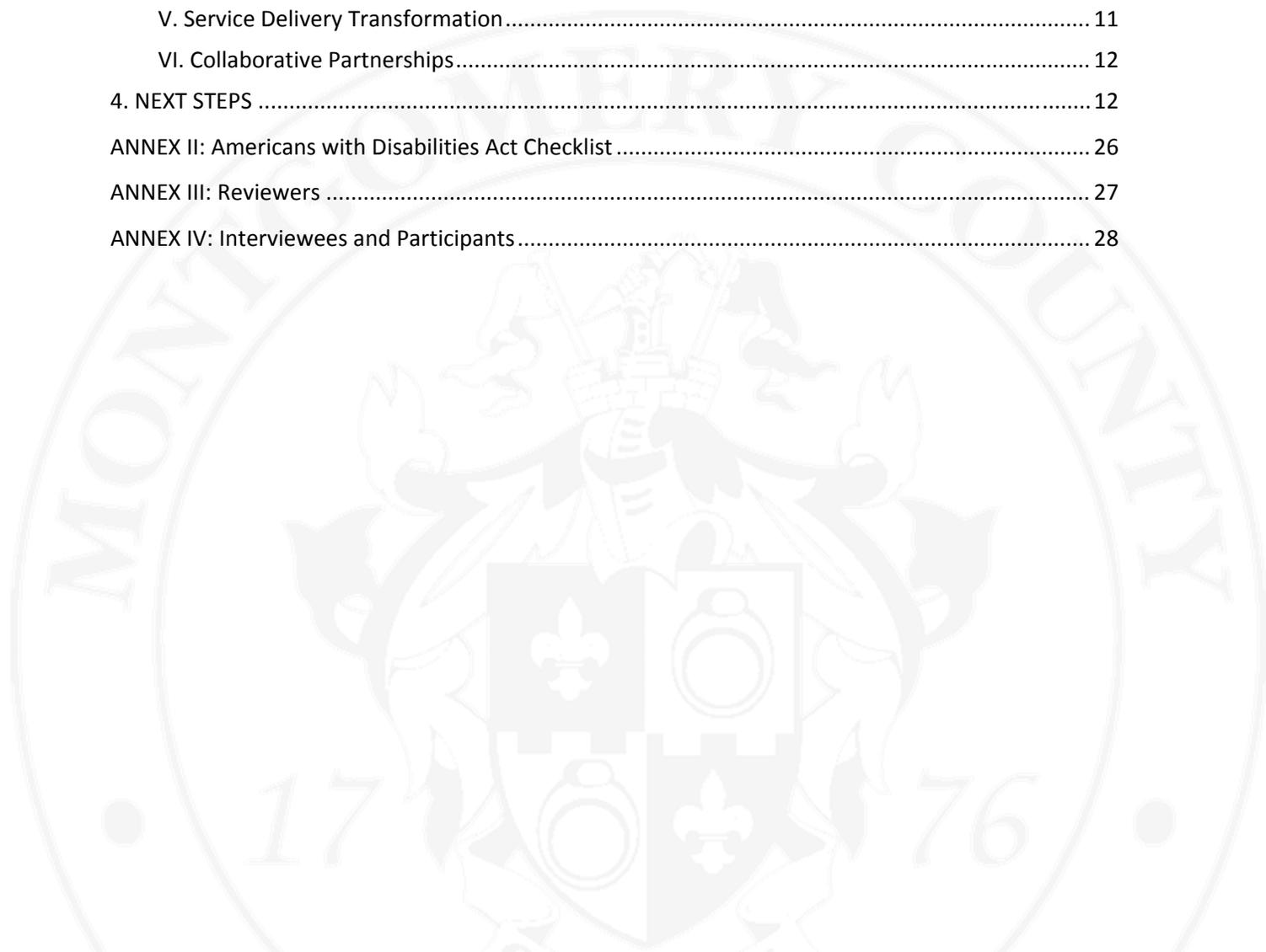
The review is not a performance or financial audit, nor is it a program evaluation or in depth assessment of a client case management like the Quality Service Review (QSR). Instead, the review provides an independent perspective of service delivery from the community experience. The independent panel for this review consisted of Lois Calhoun, Vera Johnson and Beth Zeidman.

The Community Review was coordinated by Abigail Hoffman with support provided by Sarah Yaftali, under the direction of Matthew Nice, DHHS Planning, Accountability and Customer Service. Graphic design and covers were provided by Sean Clark, Office of Public Information, Montgomery County, Maryland.



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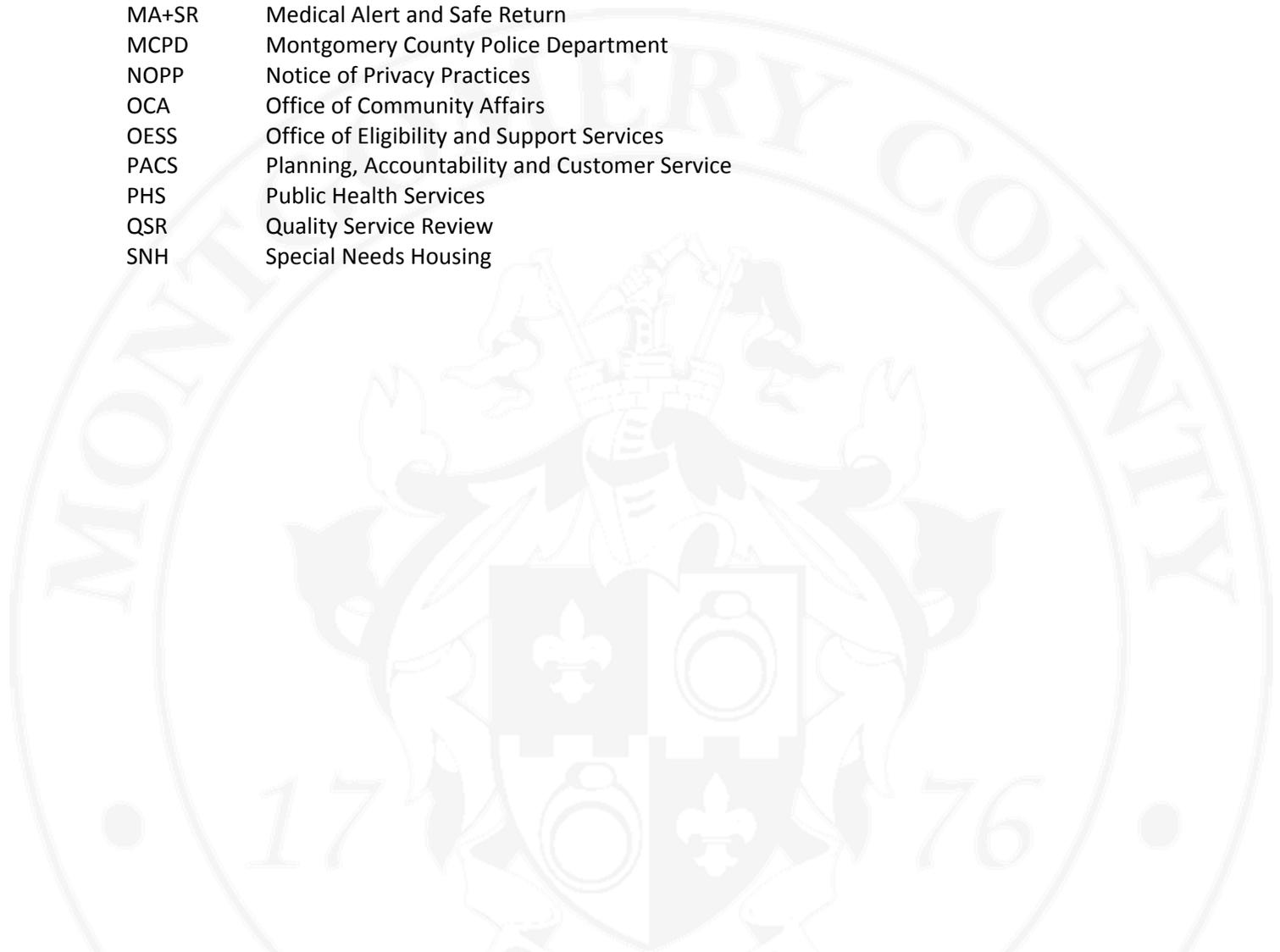
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EXPLANATORY NOTES

This report relies upon the following acronyms listed below.

AA	Alzheimer’s Association
AA-NCAC	Alzheimer’s Association National Capital Area Chapter
AAA	Area Agency on Aging
ADA	Americans with Disabilities Act
ADS	Aging and Disability Services
BHCS	Behavioral Health and Crisis Services
CCL	Center for Continuous Learning
CRAT	Community Review Assessment Tool
CSQEI	Consumer Service Quality Evaluation Instrument
CYFS	Children, Youth and Family Services
DFA	Dementia Friendly America
DFM	Dementia Friendly Montgomery
DHHS	Department of Health and Human Services
eHR	electronic Health Records system
eICM	electronic Integrated Case Management System
FTE	Full-time equivalent (staffing)
IT	Information Technology
ITM	Intensive Team Meeting
MA+SR	Medical Alert and Safe Return
MCPD	Montgomery County Police Department
NOPP	Notice of Privacy Practices
OCA	Office of Community Affairs
OESS	Office of Eligibility and Support Services
PACS	Planning, Accountability and Customer Service
PHS	Public Health Services
QSR	Quality Service Review
SNH	Special Needs Housing



EXECUTIVE SUMMARY

The Department of Health and Human Services (DHHS), one of the largest government agencies in the county, is responsible for public health and human services that help address the needs of our community's most vulnerable children, adults and seniors. DHHS regularly evaluates service delivery and outcomes to identify gaps and equitable service solutions, which reduce disparities and improve individual, family and community health and social outcomes. Since 1999 the Community Review process has been a valuable means through which the Department receives feedback regarding the effectiveness of its programs.

The Alzheimer's Association National Capital Area Chapter (AA-NCAC) is a donor-supported nonprofit organization. Programs and services are made possible through contributions from individuals, corporations and foundations. The review focused on the Montgomery County services monitored by DHHS Area Agency on Aging (AAA). Fieldwork occurred June 28th – June 30th at the Montgomery County Satellite Office of the AA-NCAC and was conducted by Lois Calhoun, Vera Johnson and Beth Zeidman.

The reviewers found the Chapter to be well managed with highly committed, compassionate, knowledgeable and professional staff. The Association's website is comprehensive, informative and interactive and serves as an entry point to the organization's vast network of resources including care consultation, support groups, education programs, early-stage initiatives, health care provider tools and safety services. The substantial use of volunteers is an integral part of AA-NCAC operations.

The AA-NCAC exceeded Reviewer's expectations in several areas and these may be of value to other similar programs operating in the community, including:

1. The AA-NCAC has a wealth of resource materials and information available on its award-winning website, including: The Caregiver Center, 24/7 Helpline, Community Resource Finder, Library Services, on-line tools, Safety Center, Education and e-Learning, Support Groups Information, Message Boards as well as information about Brain Health, and Research. A vital service noted on the web is 24/7 Helpline staffed with professionals and multiple language capacities that generated 1,346 information referrals and care consultations to AA-NCAC in FY2017.
2. The program delivers services respectful of diverse communities and staff and volunteers are trained in cultural competency. The printed program brochures and materials illustrate program and service offerings for multiple cultures and are available in more than 200 language and dialects; focus groups have been conducted with various minority communities and inform practice.
3. The AA-NCAC small staff carry out the programs and services of the organization relying on approximately 1,000 volunteers to support service delivery. This includes perspective volunteers becoming facilitators for the caregiver support groups, supporting the Memory Cafes, and using telephone access to facilitate group participation, and supporting the health fairs and Walk Fundraising activities throughout the year. This work model reduces administrative and operational expenses allowing the chapter to assign a portion of their fundraising to medical research.
4. The AA-NCAC utilizes evidence informed practices in delivery of services for the Savvy Caregiver groups and the Dementia Friendly America training for first responders. Maintaining quality training for Chapter volunteers is an operational priority. The training manuals for several programs were reviewed and found to be comprehensive, thorough, client centered and evidence based.

5. The program budget reflects and supports the program's mission and the significant needs of the community to have programs and services for those with Alzheimer's and their caregivers. The major source of their budget is from fundraisers scheduled throughout the year and manpower for these events is accomplished through the volunteers. The DHHS contract covers 3% of the overall operating budget. Despite the contract resources having been exhausted by May 2017, AA-NCAC services continued in Montgomery County for the month of June, exceeding objectives for programs and services stated in the contract's scope of services.
6. Strong collaboration between DHHS and AA-NCAC have resulted in a multi-faceted approach to build an Alzheimer's Safe Community in Montgomery County, actively targeting hard to reach special populations to increase access to their programs and services. The latest collaboration works with Dementia Friendly Montgomery (DFM) and resulted in training professional speakers and included the Montgomery County Police Department (MCPD) to train volunteers in how to work with persons with Alzheimer's around the issue of wandering. MCPD also developed a Medical Alert and Safe Return (MA+SR) information guide for first responders so persons can be located as quickly as possible.

The review panel also identified opportunities for improvement with the following select observations and recommendations.

7. Identify ways to improve access for those with physical disabilities using wheelchairs or other mobility assistive devices so they can move freely throughout the Rockville, MD office. Meeting and trainings led by AA-NCAC are held in the larger conference room in the Rockville office that is accessible to persons with disabilities.
8. Ensure that facilities in the community used to host AA-NCAC programs, services and events are readily accessible to clients using mobility assistive devices. It would be helpful as a general recommendation to inquire about wheelchair accessibility when scheduling an event in the community and arrive at the site early to ensure accessibility.
9. AA-NCAC performance reporting could be further improved if the number of individual requesting and subsequently accessing Alzheimer's services such as, Navigator, Community Resource Finder, *ALZConnected*, *Trial Match*, or other relevant services were detailed. Providing this information to DHHS and donors could identify service gaps and changing community needs.
10. Medical information may be confidentially discussed with the client but is never collected or stored by AA-NCAC. However, the Chapter may want to voluntarily provide clients relevant privacy policy information, like the Notice of Privacy Practices, and clearly post their policy in the office, to ensure that all clients and families are informed on how sensitive information are handled.
11. DHHS should ensure its providers are made aware of, and have access to, free staff training opportunities provided by the Montgomery County Center for Continuous Learning (CCL), which include the possibility of earning professional continuing education credits. During the Community Review, the contract monitor immediately contacted the CCL training coordinator and requested information to provide contractors access to the CCL catalog and other Montgomery County training opportunities.

1. BACKGROUND

The Community Review Program is a valuable means through which the Montgomery County DHHS receives feedback and input regarding the effectiveness of department programs from a community member perspective. Trained panels independently assess how the programs are serving residents, examine the impact of programs on the community, and recommend possible improvements to services.

Guided by the Community Review Assessment Tool (CRAT) self-assessment, reviewers examine program delivery based on:

- Alignment with Mission and Guiding Principles of the Department;
- Effective and Equitable Service Delivery;
- Accountability;
- Capable and Engaged Workforce;
- Service Delivery Transformation; and
- Collaborative Partnerships (Annex I).

The programs are also reviewed for ADA compliance (Annex II) and how they meet objectives in line with the goals in the Department's two-year Strategic Plan Roadmap.¹

Selected Review

The Alzheimer's Association National Capital Area Chapter (AA-NCAC) was selected for a Community Review by the Chief of Aging and Disability Services and added to the FY17 PACS workplan. The Review focuses primarily on the DHHS contracted services monitored through Area Agency on Aging (AAA). AA-NCAC has not previously undergone a Community Review.

AA-NCAC is a part of a nationwide non-profit network of chapters and provides help to more than people locally with Alzheimer's disease

and other dementias. Dementia is as a general term for a decline in mental ability severe enough to interfere with daily life, such as memory loss for example. Alzheimer's disease is the most common type of dementia which accounts for 60% to 80% of dementia cases.

In July of 2016, the Alzheimer's Association combined its affiliates nationwide into a single unified 501(c)(3), to address the projected 16 million people affected by 2050.

AA-NCAC operates in the District of Columbia, five counties in suburban and Southern Maryland and eleven counties in Northern Virginia. Corporate office is in McLean, Virginia. There are four AA-NCAC satellite offices in Northern Shenandoah Valley (Winchester, VA), southern Maryland, Prince Georges and Montgomery counties, covering 5.7m residents.



Figure 1: The Alzheimer's Association Community Review panel at work

Independent Review Panelists and Process

The Community Review is a structured process of program self-assessment, desk and subsequent field reviews performed by three knowledgeable, trained independent

¹
[www.montgomerycountymd.gov/HHS/Resources/Files/Reports/DHHS%20STRATEGIC%20ROADMAP%20\(4\)%202016_2018.pdf](http://www.montgomerycountymd.gov/HHS/Resources/Files/Reports/DHHS%20STRATEGIC%20ROADMAP%20(4)%202016_2018.pdf)

reviewers from the local community. The Community Review of AA-NCAC was performed by reviewers Lois Calhoun, Vera Johnson and Beth Zeidman (Annex III).



Figure 2: A review of AA-NCAC services delivered in FY2016 at the introductory meeting

The Community Review preparation and introductory session commenced on 22 June 2017. The following persons were in attendance: Ana Nelson, Lylie Fisher, DHHS Contract monitor were in attendance as well as the review panel and PACS staff. A comprehensive overview of AA-NCAC and its services at this preliminary session was provided.

Reviewers met at the AA-NCAC Montgomery County Satellite Office on 28-29 June 2017, to review programs and services information and documentation from the self-assessment, tour the facility, and spoke with several staff, a support group facilitator, a care provider, consumer family (client), Board of Directors Chair, observed a Dementia Friendly America Volunteer Training (Annex IV). Reviewers also called the 24/7 Helpline and tested services offered on their website.

Following the field review, the panel spoke with members of AA-NCAC staff to provide initial feedback, highlight areas of interest and discuss potential recommendations. The Community Review process concludes with a meeting by the panel with DHHS and provider management and staff is held to present the

final report, discuss ways forward and agree on any recommendations.

2. WHAT WAS REVIEWED

Program Mission and Services

The mission of AA-NCAC is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health. Alzheimer's Association (AA) is the largest voluntary health organization in Alzheimer's care, support and research in the United States.

Their five strategic areas of focus include: increasing concern and awareness; advancing public policy; accelerating research; enhancing care and support; and growing revenue to meet mission.



Figure 3: A diagram of AA-NCAC's mission and five strategic areas of focus

Services

The Association does not make direct referrals, but instead provide consumers with a list of resources so that they can decide when and who to contact. The following are services provided by the AA-NCAC:

1. Professionally staffed 24/7 Helpline

800.272.3900 provides critical real-time support for callers facing crisis situations, seeking information about Alzheimer's and dementia; medications and treatment options; skills to provide and/or seek quality care; and legal, financial and living-arrangement decisions or needing a trusted, reliable listener. Translation services are offered in more than 200 languages and dialects.



Figure 4: Alzheimer's Association printed material and brochures available multiple languages

2. Online resources at www.alz.org which serves as the entry point into the organization's resources that help caregivers coordinate assistance from family and friends, locate senior housing, receive customized care recommendations, and enhance caregiving skills.



Figure 5: Vice President Ana Nelson displays Alzheimer's Association information accessible on mobile devices



Figure 6: A Dementia Friendly America training of first responders attended by Reviewers.

3. Education programs and conferences cover a variety of topics relating to Alzheimer's and other dementias, caregiving skills, and legal and financial planning. These include:
 - a. Workshops, symposia and conferences provide families and community members a range of topics including basic Alzheimer's and dementia information, brain health, legal and financial planning, care planning, and strategies for living with the disease.
 - b. Health fairs and expositions provide basic information about the disease and programs and services and often are the first connection by the community to the Chapter.
 - c. Dementia training for care professionals provides knowledge and skill-building to deliver a higher quality of dementia care while increasing confidence, productivity and job satisfaction.
 - d. Specialized training for first responders who are at the front lines when a person with dementia wanders.
4. Support groups conducted by trained volunteer facilitators and the AlzConnected.org online community, meet throughout the region to allows people

with Alzheimer's, their families and caregivers the opportunity to share experiences, coping skills and tips to support those affected by Alzheimer's and dementia. Support groups are conducted by trained volunteer facilitators and meet throughout the region. Meeting frequency depends on the group.

5. Alzheimer's Association MedicAlert + Safe Return (MA+SR) is a 24/7 nationwide emergency response service for individuals with Alzheimer's or related dementia who wander or have a medical emergency. More than 3,000 people in this region are enrolled in this service.
6. Physician Outreach Initiative informs physicians and their staff about the services and supports of the AA-NCAC and helps to facilitate referrals of persons with dementia and their caregivers to the Association.



Figure 7: Reviewers discuss Alzheimer's Association programs and services

The core deliverables of the longstanding contract between AA-NCAC and DHHS include: educational presentations to the public at convenient locations around the County; training of community-based volunteers so they can be knowledge guides within their peer networks; facilitated caregiver support groups; resources and guidance to the County

and local organizations on how best to support family caregivers.

In FY 2017, the following services were delivered in Montgomery County:

- 89 education programs and professional trainings serving 1,517 attendees;
- 454 support group sessions were facilitated by a team of trained volunteers serving 2,073 attendees of which about half were repeat attendees concerned about health and privacy issues;
- 1,346 information referrals and individual care consultations via phone or in person (Montgomery County makes up about 23% of the AA-NCAC referral and consultations)
- 825 individuals enrolled in the Alzheimer's Association MedicAlert and Safe Return (MA+SR) program.



Figure 8. Numerous trainings are held annually by the Alzheimer's Association

Service Population

AA-NCAC serves people with Alzheimer's and other dementias, their caregivers and families.

There are no income requirements, so programs and services are available to anyone who inquires free of charge. AA-NCAC stated that Montgomery County has a greater need for services for individuals in their 50's with early stage Alzheimer's.

Self-report data from each participant are collected using the CORE Service Quality Experience Inventory (CSQEI). These data are analyzed and distributed to each chapter for

program management. Tables 1 and 2 provide a recent profile of AA-NCAC clients.

Table 1. FY 16 AA-NCAC Demographic Data

Race/ Ethnicity	Percent
White/ Caucasian	58%
Black/ African American	32%
Asian	6%
Hispanic/ Latino	2%
Other	2%
Total	100%

Table 2. FY 16 AA-NCAC Demographic Data (cont.)

Age Groups	Female	Male	Total
20-29	4%	2%	6%
30-39	3%	2%	5%
40-49	3%	5%	8%
50-59	12%	2%	14%
60-69	20%	5%	25%
70+	25%	17%	42%
Total	67%	33%	100%

Organizational Overview

The Alzheimer's Association local chapter is the National Capital Area Chapter (AA-NCAC). Its organizational structure is led by the Chapter president and chief executive officer (CEO) and a leadership team consisting of the:

- Senior Vice President;
- Chief Financial Officer;
- Vice President of Programs and Services;
- Vice President of Development;
- Senior Director of Communications and Marketing.

The Association's executive Assistant and senior director of Corporate Initiatives report directly to the president and CEO. The AA-

NCAC Board of Directors has 12 members including a chair, vice-chair, secretary.

The Programs and Services Department is under the direction of the Vice President of Programs and Services. This position is supported by seven program Managers. Currently, there two vacancies in this unit. One is for a full-time diversity outreach specialist and one is for a part-time Southern Maryland program manager. Additionally, this area consists of two part-time physician outreach specialists; one full-time volunteer coordinator and one full-time data assistant. Staff from this unit works closely with Montgomery County DHHS to provide programs, services and education.

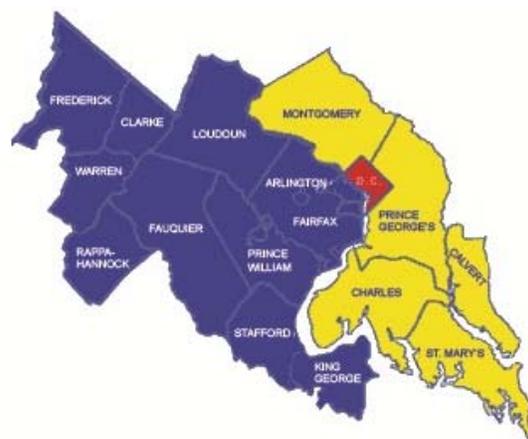


Figure 9: A regional map of areas the AA-NCAC serves.

Program and services are provided by full-time and part-time staff and qualified volunteers. Volunteers are an integral part of the operation staffing the health fairs and community events; facilitating support groups; presenting on legal and financial matters; delivering translation services; and support of fundraising events, such as the Walk to End Alzheimer's.

Other department areas of AA-NCAC include: The Development Department (8 FTE/ 1 temp); Communications and Marketing (1 FTE/ 1 part-

time); Public Policy and Advocacy (2 FTE); and Finance and Operations (4 FTE/ 1 temp).



Figure 10. Alzheimer's Association events rely on significant volunteer coordination (photo: AA-NCAC)

Location and Coverage

The AA-NCAC regionally serves the District of Columbia, Northern Virginia and Southern and Suburban Maryland. The AA-NCAC Montgomery County Satellite Office is located at 401 N. Washington Street, Suite 100 – Office 121, Rockville, MD 20850.

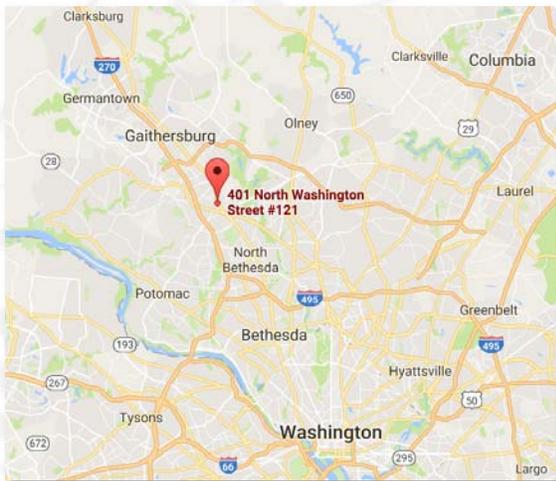


Figure 11. Location of AA-NCAC headquarters in Rockville, MD.

Community presentations and trainings are facilitated at host locations throughout Montgomery County. Location sites include: the Montgomery County Satellite Office, community centers, senior centers, educational institutions, places of worship, and law enforcement facilities.



Figure 12: Building where the Montgomery County Alzheimer's Association operates

Budget

The AA-NCAC is a tax-exempt, nonprofit, donor-supported organization. Programs and services are supported by contributions from individuals, corporations, governments and foundations. Seventy-five percent of Chapter expenditures provide programs, services, advocacy, care and support and community outreach. AA-NCAC's goal is to reach 80% in the future.

The FY2016 operating budget for AA-NCAC is \$2.89 million. Of this total, Montgomery County awarded a contract for \$98,575 in FY2016. The Montgomery County grant is 3.4% of the total Chapter revenue. Other sources of revenue help to cover the activities delivered in Montgomery County.

3. RESULTS

The program self-assessment and subsequent review by the review panel are guided by the Community Review Assessment Tool (CRAT) and a checklist of Americans with Disabilities Act (ADA), provided in Annex I and II, respectively.

Results are organized by findings which exceed the panel's expectations and can be transferred to other programs. Findings that warrant attention and recommendations are also listed. Recommendations may cover more than one section or tool may be merged into a single recommendation, where appropriate.

Additionally, recommendations may stem from reviewer's notes and/ or observations and may not be directly reflected in the instruments. Panel recommendations are listed in order in the short-term (within 60 days), mid-term (within a year) and long term (over a year).



Figure 13: Reviewer Vera Johnson examines the Association's numerous awareness raising brochures

I. Mission and Guiding Principles

The goal is to promote and ensure the health and safety of the residents of Montgomery

County to build individual and family strength and self-sufficiency.

Findings Exceeding Expectations

- Program has clear goals, objectives and strategies to accomplish its mission that are broadly set at the national level and the local chapter implements specific programs and services that locally support the five strategic goals. The amount of service provided in FY2016 exceeded its Montgomery County contract requirements (see section III. Accountability).
- A wealth of brochures and resource information that directly aligns with their mission and goals is available in printed form and is available on Association's award-winning website www.alz.org. This includes general chapter information; the basics of Alzheimer's Disease to the 10 signs of early detection; as well as late stage care, personal care, parent's guide, communication; safety services; information and referral; care consultation; education; message boards and chat rooms; and research updates. The webpage is comprehensive, informative and interactive and there is a very active social media presence.



Figure 14. The Association's award-winning website provides access to a range of services and resources

- The Chapter's program and services

utilizes Core Services Quality Evaluation Instrument (CSQEI). It is an Association-wide initiative to collect and analyze program attendee satisfaction. The data are collected and analyzed and utilized for program improvement.

Findings Transferable to Other DHHS Programs

- The comprehensive, informative and interactive website provides wide-ranging quality and content of printed materials that supports the mission and program goals in multiple languages. Comparable agencies providing resource and referral and support information could benefit from reviewing the processes and structures utilized by AA-NCAC for their web and on-line services and printed materials.

II. Effective and Equitable Service Delivery

The goal is to align people and financial assets so that we are investing the necessary level of resources to ensure effective and equitable service delivery.

Findings Exceeding Expectations

- Staff have accurate information and appropriate tools to provide the highest level of customer service. This is strongly demonstrated by:
 - Monthly reports listing presentations and events with dates and number of attendees and indicate the number of calls for information and referrals in the county through the 24/7 Helpline;
 - Tracking the number of caregivers registered in Safe Return and total missing incidents for the month;
 - Monitoring and reporting the total number of support group sessions and participants in the County.
- Program delivers services respectful of diverse communities through staff that are

trained in cultural competency. Program brochures illustrate multiple cultures and are available in more than 200 language and dialects. Focus groups are held in the African, Latino and Asian American communities. There is also regular involvement with the Asian American Health Initiative and the American Muslim Senior Society.

- Print and multimedia communication materials and forms are developed in easy to understand language, taking into consideration literacy level, cultural, and linguistic appropriateness and people with other forms of communication need. Print materials is available in more than 200 languages. The website indicates translation options in Spanish, Chinese, Japanese, Korean and Vietnamese.
- The program is aware of, and uses, translation services to serve non-English speaking customers. The Helpline is staffed by professionals who are bilingual and have access to the Language Line interpreters for customers as needed and/or requested.



Figure 15: Accessible parking is located at the Alzheimer's Association office in Rockville, MD.

Findings Transferable to Other DHHS Programs

- Other DHHS programs and agencies would benefit by examining how the Alzheimer's Association (AA) is able to accommodate so many languages in their printed materials, digital resources and

24/7 Helpline.

Findings Needing Attention and Recommendations

Mid-Term

- Identify ways to improve access for those using mobility assistive devices at the Rockville, MD office, considering:
 - The outside doorbell to enter the suite is too high for an individual in a wheelchair to reach;
 - Furniture presents obstacles for path of travel in the hallway leading to AA-NCAC office at the Rockville suite; and
 - Signage to the wheelchair accessible restrooms and the process to gain access could be improved.

III. Accountability

The goal is maintenance of reliable, accurate records and data for analysis so program effectiveness can be quantified through performance measures.

Findings Exceeding Expectations

- The program applies evidence informed practice to the design and delivery of services through the utilization of national best practice research in the understanding of the disease, its impact and needs of family caregivers. Up-to-date information is shared with staff, volunteers and caregivers to help keep them informed on the latest research developments on Alzheimer's/ Dementia and how it affects families. The evidence informed practices are used in the *Savvy Caregiver*—designed to educate caregivers on changes loved ones are experiencing and how to best provide care—and the *Dementia Friendly America*—an initiative to support and serve those who are living with dementia and their family and care partners—whose trainings are provided to caregivers

and first responders are an excellent example of evidence informed practices.

- Program sets monthly/ annual targets for outcome measures as per the DHHS contract the AA-NCAC. They exceeded in the following areas:
 - Providing education and/ or training services on the challenges of dementia diagnosis and care to a minimum of 500 County residents and professionals in dealing with the disease. In FY2017, 1,517 units of service were provided;
 - The 24/7 Helpline answers an average of 112 calls per month. Professionally trained staff assist telephone callers with questions about memory loss, dementia and Alzheimer's disease, medication and treatment options, caring for dementia sufferers and other information critical to managing and living with dementia. The Helpline had a total of 1,346 calls in FY2017.
 - Individuals registered in the Safe Return Program and the number of missing persons incidents with 825 enrolled by FY2017.
- AA-NCAC provides programs and services in the District of Columbia, Maryland (Montgomery, Prince George's, Calvert, Charles, and St. Mary's Counties) and 16 jurisdictions in Virginia.
- All jurisdictions served collect data and information is shared amongst all Program Managers at their joint meetings. The collected data are compared with National data and appropriate benchmarks.

Finding Needing Attention

Mid-Term

- The AA-NCAC provides DHHS Monthly Reports that track a variety of data, which include presentations and events, Helpline calls, new registers in the Safe Return/

Wanderer program and the number of support groups and participants and other activities. Reports would be enhanced if individual requesting and subsequently accessing the resources to the Alzheimer's Navigator, Community Resource Finder, *ALZConnected*, *Trial Match*, and other relevant services (e.g., DHHS Aging and Disabilities Services) were captured. Monitoring and tracking this information would be helpful in identifying service access, gaps and needs, and developing appropriate resources to fit the changing needs of the community.

- Although medical information discussed with the client is never collected or stored by the Chapter, they may want to voluntarily provide clients relevant privacy policy information and post their policy in the office, to ensure that all clients and families are informed on how sensitive information are handled. Model notices and guidance can be found online at the US Department of Health and Human Services website (www.HHS.gov).



Figure 16: Alzheimer's Association offices in Rockville

IV. Capable and Engaged Workforce

The goal is to recruit, develop, and maintain a workforce that is engaged, accountable, responsible, respected, recognized, and

prepared for changing roles within the department and representative of the community.

Findings Exceeding Expectations

- The AA-NCAC small staff carry out programs and services by leveraging an extensive number of volunteers (1,000). There is an extensive period to interview, train and monitor volunteers becoming facilitators for the caregiver support groups; to support the Memory Cafés for social engagement activities for those with early to middle stage Alzheimer's; to facilitate legal and financial counseling; and to use telephone access to facilitate group participation for those unable to attend in person.
- The DHHS contract covers a modest portion of the salaries for five dedicated staff members: VP Programs and Services (36%); Program Manager (63%); Program Manager/Helpline (43%); Volunteer Coordinator (24%); Diversity Outreach (5%). Despite the contract resources having been exhausted by May 2017, AA-NCAC services continued in Montgomery County for the month of June, exceeding objectives for programs and services stated in the contract's scope of services.
- The staff, volunteers and Board of Directors interviewed had extensive education and training and experience working with individuals with Alzheimer's or Dementia and make extensive use of technology in day to day operations. They are committed to the work of the chapter and ensuring that anyone who wants information about Alzheimer's disease gets what they need within 48 hours. The VP for Programs and Services has been with the organization for three years and the Chair of the Board of Directors has been a Board member for seven years.
- Maintaining quality training for chapter volunteers is an ongoing program operation for this organization. The training manuals for several programs

were reviewed and found to be comprehensive, thorough, client centered and evidence informed, and with a force of one thousand volunteers trained to implement their programs and services, staff can devote more time to their educational programs.

- AA-NCAC reported their system for acknowledging volunteers leads to higher retention rates as they are valued by the organization. Thank you notes and awards for number of hours served are received by staff or volunteers from AA-NCAC leadership and the Board.

Findings Transferable to Other DHHS Programs

- The large regional coverage, small staff and numerous volunteers rely on a variety of means to efficiently communicate with each other, clients and outcomes to DHHS. All Helpline referrals are disseminated to local chapters via a call center based in Chicago, IL; the robust website centralizes vast amounts of information on Alzheimer's Disease and accessing all their programs and services; the online eLibrary provides information on medical research, educational materials and other links.



Figure 17: DHHS contract monitor Lylie Fisher and AA-NCAC's program and services manager and coordinator of diversity services Diane Vance explaining services

Finding Needing Attention

Short-Term

- DHHS should continue to ensure provider staff are made aware of, and have access to, free training opportunities provided by the Montgomery County Center for Continuous Learning (CCL). Courses are free or low cost, and may include the possibility of earning professional continuing education units. During the period of the Community Review, the contract monitor immediately contacted the CCL Training Coordinator and requested information to provide contractors access to the CCL catalog and other Montgomery County trainings (www.montgomerycountymd.gov/HR).

Mid-Term

- Ensure that facilities used by AA-NCAC programs and services are readily accessible to clients with using mobility assistive devices. Address any outstanding issues with the appropriate building manager in a timely manner.

V. Service Delivery Transformation

The goal is for an integrated service delivery system supported by technology, which enables staff to share information and work effectively.

Findings Exceeding Expectations

- As mentioned previously, the program has a strong and comprehensive website and utilizes social media to inform the public for education and awareness and dissemination of resources and information. Almost 3,000 persons follow the AA-NCAC Facebook page. The webpage has a Caregiver Center, 24/7 Helpline, Community Resource Finder, library services, on-line tools, Safety Center, education and e-Learning, support groups information, message boards as well as information about brain health, and research. 1,426 information referrals including care consultations individual

phone or in person were conducted in 2016.

VI. Collaborative Partnerships

The goal is to strengthen internal and external partnerships with other programs and agencies to offer a full range of coordinated programs and services focused on reducing redundancy, improving client outcomes and eliminating disparities.

Findings Exceeding Expectations

- A Care and Support Task Force formed through the National Association provides help and assistance to determine the program's direction, efficiencies and effectiveness. This has resulted in growing the physicians' outreach efforts and an increased utilization of the evidence informed "Savvy Caregiver Program". Task force members selected represent a diversity of experiences, professional backgrounds and perspectives and developed a set of recommendations to increase the effectiveness of the care program portfolio in 2017.
- Strong collaboration between the contract monitor and the VP for Programs and Services have resulted in a multi-faceted approach to build an Alzheimer's Safe Community in Montgomery County. Actively targeting hard to reach special populations to increase access to their programs and services and quickly responding to outreach efforts from other special populations can result in a win-win solution for the wider community. DFM not only trains professional speakers but included the Montgomery County Police Department (MCPD) to train volunteers in how to handle Persons with Alzheimer's and dementia, but also for individuals with developmental disabilities and autism, around the issue of elopement and need for early notification to first responders when those affected have wandered from

home. MCPD also developed a Medical Alert and Safe Return (MA+SR) information guide that can be posted on the refrigerator and given to the first responder so the person can be located as quickly as possible. DFM also has a grant so those with limited income can get the MA+SR bracelet at no charge.



Figure 18. Medical Alert and Safe Return bracelet

Findings Transferable to Other DHHS Programs

- To fulfill part of its mission to find a cure for Alzheimer's, the chapter's board was open to a new way to align their chapter with the National Alzheimer's Association. This could be done by allowing a larger percentage of their fundraising to be diverted for medical research and expanding access to their educational and supportive services and programs to all who request them. Other organizations may benefit from this strategy so their goals can be achieved in a shorter timeframe.

4. NEXT STEPS

The Community Review panel met with DHHS and PCC management and staff to review the report content and its findings on 1 August 2017.

DHHS commits itself to review progress at regular intervals. PACS will monitor progress

on the recommendations and report results to the DHHS Director and the Senior Leadership Team. An informal update on progress will occur in six months and a final review of the recommendations will occur in August 2018.

The final report will be made available to the public on the internet site for DHHS.



Figure 19. Presentation of the Alzheimer's Association Community Review certificate during the closing meeting with the provider, DHHS staff and the Review Panel



ANNEX I: COMMUNITY REVIEW ASSESSMENT TOOL

I. Mission and Guiding Principles

Standards/ Strategies	Supporting Evidence
1. Program's mission statement clearly relates to the DHHS mission.	The mission for the Alzheimer's Association National Capital Area Chapter (AA-NCAC) is "To eliminate Alzheimer's Disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health." The organization's statement strongly aligns with HHS as it promotes health and safety.
2. Program has clear goals, objectives and strategies to accomplish its mission.	There are five strategic goals - set nationally and implemented by the local National Capital Area Chapter. 1) Increasing concern and awareness; 2) Advancing public policy; 3) Enhancing care and support; 4) Accelerating research; and 5) Growing revenue support of the mission. Strategies (programs, services, and activities) are in place to achieve the goals. Nationally operated professionally staffed 24/7 Helpline 800.272.3900 provides support and reliable information about Alzheimer's and dementia; medications and treatment options; skills to provide and/or seek quality care; and legal, financial and living-arrangement decisions. Translation services are offered in more than 200 languages. Education programs and conferences cover a variety of topics relating to Alzheimer's and other dementias, caregiving skills, and legal and financial planning. Support groups throughout the region and AlzConnected.org, the online community, allow people with Alzheimer's, families and caregivers to share experiences, coping skills and tips and find support and friendships with others living with Alzheimer's. Online resources at alz.org help caregivers coordinate assistance from family and friends, locate senior housing, receive customized care recommendations, and enhance caregiving skills. MedicAlert + Alzheimer's Association Safe Return is their 24-hour nationwide emergency response service for individuals with Alzheimer's or related dementia who wander or have a medical emergency. Special Events - the Brain Ball and Walks to end Alzheimer's.
3. Staff can articulate the program's mission, goals, services and target population.	Each staff person we interviewed or met with were aware and able to articulate mission, goals, and strategies as relate to their specific role in the organization with passion, expertise, and commitment.
4. Program mission, goals, service, and contact information are accessible, accurate and consistent across sources such as, printed materials, information referral lines, website, and social media.	Information including mission, goals, programs and services is available on the Association webpage that is award-winning, Facebook, and numerous brochures specific to the National Capital Area Chapter. The mission and vision is visible on most publications and the website. Everything from general chapter information and basics of Alzheimer's Disease to 10 signs of early detection as well as late stage care, personal care, parent's guide, communication, and behaviors. The web page is informative and interactive and there is a very active social media presence.
5. Program incorporates DHHS principles into policies, procedures, professional interactions and information technology (IT) systems.	The National IT System of "Personify" delivers enterprise software and service solutions to AA-NCAC and it enables them to document services and contacts. "Knack" is an IT system utilized by the local chapter to collect information and data. There is a strong working relationship and clear lines of communication with the contract manager from DHHS and the AA-NCAC Vice President for programs and services.
6. Program has a system in place to identify efficiencies and improvements.	Core Services Quality Evaluation Initiative (CSEQI) is an Association-wide initiative to collect and analyze program attendee satisfaction. The data is collected and analyzed and utilized for program improvement. A Care and Support Task Force formed through National office helped to provide a set of recommendations to increase the effectiveness of the Association's care program portfolio to be rolled out in the fall of 2017. This has resulted in growing the physicians outreach and an increase in the evidence based- Savvy caregiver program. All staff are aware of

	the processes utilized to measure efficiencies and make suggestions and take actions for improvements.
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II. Effective and Equitable Service Delivery

Standards/ Strategies	Supporting Evidence
<p>1. Staff have accurate information and appropriate tools and are empowered to provide the highest level of customer service.</p>	<p>The Alzheimer's Association receives a grant from Montgomery County DHHS that supports a staff of five employees who are responsible for a wide variety of services in the National Capitol area. AA-NCAC provides programs in the following service areas: District of Columbia, Maryland: Montgomery County, Prince George's County, Calvert County, Charles County, St. Mary's County. Virginia: Arlington County, Clarke County, Fairfax City, Fairfax County, Falls Church City, Fauquier County, Frederick County, King George County, Loudoun County, Manassas City, Manassas Park, Prince William County, Rappahannock County, Stafford County, Warren County, Winchester City. This small staff relies on approximately 1,000 volunteers to support the work in its chapter territory. The AA-NCACC provides supportive programs, resources, information and referral, care consultation, education, safety services, early stage engagement and support groups. Information is provided in 200 languages and dialects. There are 400 volunteer facilitators and co-facilitators who run Caregiver Support groups for families and caregivers. The facilitators are screened, evaluated, receive a background check and are trained in best practices to help people with Alzheimer's and their caregivers deal with the disease and its impact on their lives. Customer satisfaction surveys are completed for all engagements. Surveys capture satisfaction with the program, information presented and with the presenter. It also captures demographic info if the individuals chose to provide and asks for other comments from the participants. A-NCACA reports a 98% satisfaction collected through the Core Services Quality Evaluation Initiative (CSQE) an Association-wide, uniform system of measuring the quality of the services of all chapters and the national organization.</p>
<p>2. Clients are screened for other needs and referrals are made for eligible services available outside the program.</p>	<p>AA customers are screened by the 24/7 Helpline (800-272-3900) or by direct contact with members of the National Capitol Area Chapter. Customers are screened for needs by Master's degree social workers and other professionals regarding support, crisis assistance and education on issues families face every day. The Association does not screen consumers for other services but customers are referred to numerous resources within the surrounding jurisdiction. They are directed to the National Alzheimer's Association website, the County Aging and Disability Services website and the Montgomery County Government website for additional resources. Information can be mailed to families and caregivers regarding resources. Follow-up is not made to ensure linkage to services because the program is not designed to make direct (warm) referrals.</p> <p>AA-NCAC does not have access to the County's eICM.</p>
<p>3. The program informs and refers customers to appropriate resources in the community or other DHHS programs, as appropriate.</p>	<p>AA services are available on the Helpline 24 hours/7 days a week. AA customers are provided information about services and resources in the community. Prompt referral information and linkage to services are encouraged by staff who are professional and welcoming to customers. The consumer along with their family, if applicable, determine the next steps. Customers are directed to the alz.org/nca website that connects individuals to local programs and services, resources and events. They also refer to the Aging and Disability Services or Area Agency on Aging website and the Montgomery County Government website for additional resources. Staff meets regularly with internal and external partners. Provides outreach services to diverse communities and education and professional trainings during the year.</p> <p>AA-NCAC does not have access to eICM</p>
<p>4. Program regularly solicits customer satisfaction information across all clients and uses information to improve program delivery.</p>	<p>Customers are asked to complete satisfaction survey for all services provided. Surveys include evaluations for Know the Ten Signs Survey, Legal and Financial Planning and Living with Alzheimer's For Care Partners - Early Stages. The Director indicated that satisfaction surveys are mailed to individuals who have contact through the Helpline and receive care consultation on the telephone. Surveys are available in different languages. Approximately 70% of the surveys are completed and returned. Results are shared with staff monthly.</p>

5. Program delivers services respectful of diverse communities.	Services are provided to the largest groups: Caucasian, Afro-Americans, Latinos and Asians. AA-NCAC utilizes focus groups to reach out to Afro-Americans, Latinos and the Asian communities. AA-NCAC and the contract monitor are collaborating with the Asian American Health Initiative, and the American Muslim Senior Society to develop peer training and support for these communities. Alzheimer's brochures and print information are available in 200 languages and dialects.
6. Print and multimedia communication materials and forms are developed in easy to understand language, taking into consideration literacy level, cultural, and linguistic appropriateness and people with other forms of communication needs.	Print materials are available in 200 languages and dialects. This includes print materials and the website information that can be translated services in to Spanish, French, Chinese, Japanese, Korean and Vietnamese; some online material is also available in other languages. Links to materials are available on the website and information is mailed to clients at first contact. Info is current and up to date. Support groups are in English. If alternative language such as sign language is need, the program will make every effort to obtain this service. A program manager noted, he was able link a Hispanic customer to a phone support group in another state for services. AA-NCAC is in collaboration with the Asian American Health Initiative community and the American Muslim Senior Society community to train peer facilitators to work with these communities around Alzheimer's disease and issues.
7. Program is aware of and uses translation services to serve non-English speaking customers.	AA Helpline is staffed with master's level care consultants many who are bilingual and or have access to translation services which accommodates more than 200 languages and dialects. TTY (866-403-3073) services are available all day and every day. This info is listed on the brochure and the website.
8. Program staff are knowledgeable about and provides reasonable accommodations and accessible facilities for customers with disabilities.	AA-NCAC staff are very knowledgeable of ADA compliance. They seek to find facilities that are handicapped accessible for all customers. The Rockville office main building entrance is handicapped accessible. To get to the AA-NCAC Suite you must go through a set of double doors. There is a doorbell to the suite, however it is installed to high and cannot be reached by someone in a wheelchair. Some hallways in the office area are narrow and have furniture placed in them making it difficult for wheelchair navigation. Access to the bathrooms from one of the hallways can be problematic since there is not a lot of room for a wheelchair and there are double doors that are difficult to open. There are no signs indicating the location of the bathrooms on the first floor; and one must get a key in the suite to use the bathrooms located outside of the suite area.
9. Staff are knowledgeable about and provides reasonable accommodations for customers with limited access to transportation (i.e., bus ticket, taxi voucher, etc.).	AA programs and services are offered at community service sites. These sites address registration and reasonable accommodations needs for program attendees. The program does not provide access to transportation. However, customers can be referred to Connect-A-Ride a program that helps seniors and people with disabilities find safe transportation for medical services, grocery shopping and other needs. They provide guidance for applying for Metro Access and Call N Ride. Customers unable to attend support groups can participate in a telephone support group or an online group.
10. Services are delivered in facilities that are accessible to clients.	Services are delivered in facilities such as churches, libraries, senior centers, nursing homes and community centers within the metropolitan area. Montgomery County has 11 support group sites that are located throughout the county. The hours vary from late mornings, in the afternoon and evenings. Evening hours are available at four sites. The Holy Cross Resource Center has a telephone support group on Tuesdays at 6 p.m. No group site visits were conducted. The main entrance of the AA-NCAC Satellite office in Montgomery County is accessible. However, access to the office suites and bathrooms would be problematic for someone in a wheelchair.
11. Services are delivered in facilities that are safe, comfortable and welcoming to clients.	The AA-NCAC support group and activity facilitators ensure that individuals, family members and caregivers feel safe and welcomed at all facilities. No visits to locations where programs are operating, other than to the satellite office in Rockville.

12. Information on how to access or apply for services is available online for clients.	<p>The Alzheimer's Association's website, alz.org/nca, serves as an entry point to the organization's network of resources, including care consultation, support groups, education programs, early-stage initiatives, health care provider tools and safety services. Staff Information is available in more than 200 languages and dialects.</p> <p>The Alzheimer's Navigator offers step-by-step guidance and customized action plans and Community Resource Finder which provides instant access to community resources and services. The site connects to free educational workshops throughout the region. AlzConnected connects family and caregivers to support groups that meet throughout the County and an online community that connects people around the globe for sharing, questions, solutions and support. People have access to the Alzheimer's Assoc. TrialMatch for information on clinical studies. The MedicAlert + Alzheimer's Safe Return program is a 24-hour emergency response service for individuals with Alzheimer's/dementia who wander or have a medical emergency.</p>
13. Program services are received in a timely manner.	AA-NCAC program services are reportedly provided in a timely manner. The Helpline is available 24/7 and case consultations can occur at the point of initial contact. Walk in and face to face contact are handled in a timely manner.
14. If the program has a waiting list for services, staff are working to eliminate the waiting list.	The Alzheimer's Association VP of Programs reported no waiting list for services. Services are available on the 24/7 Helpline.
15. Program regularly reviews changing client outcomes and population needs data and incorporates findings into their practice. p	<p>AA-NCAC reports the Chapter provides reliable and consistent services for the public based on client feedback, review of regional trends and national research.</p> <p>The program tracks attendance to activities monthly. There are months when attendance decreases due to seasonal impacts (weather, summer vacations, etc.) The program schedules training and other activities for staff to participate in on these occasions.</p> <p>The program is always reviewing new opportunities to meet the needs of caregivers and families.</p>

III. Accountability

Standards/ Strategies	Supporting Evidence
1. Program applies evidence-based practice to the design and delivery of services.	AA-NCAC consistently utilizes national best practice research in the understanding of the disease, its impact and needs of family caregivers. AA-NCAC applies evidence-based practices in delivery of services for the Savvy Caregiver groups and the Dementia Friendly America training. The Savvy Caregiver Program is designed to train family and professional caregivers in the basic knowledge, skills, and attitudes needed to handle the challenges of caring for a family member with Alzheimer's disease and to be an effective caregiver. This is a 12-hour training program/course that is usually delivered in 2-hour sessions over a 6-week period. Up to date information is shared with staff, volunteers and caregivers to help keep them informed and up to date with info on Alzheimer's/Dementia and how it affects families. Dementia Friendly America Training is provided to caregivers, first responders, and many other professionals in the community. Once training is completed, these volunteers are deployed by DFM to train businesses on becoming dementia friendly.
2. Program sets monthly/annual targets for outcome measures.	<p>The DHHS Contract requires that the AA-NCAC must provide education and/or training services on the challenges of dementia diagnosis and care to a minimum of 500 county residents and training to professionals in dealing with the disease. Topics include obtaining a proper diagnosis, the basics of caregiving, legal and financial decision-making and choosing long term care options.</p> <p>The program must provide its 24/7 Helpline telephone service to an average of 90 county residents per month. The professionally trained staff must be able to assist telephone callers with questions about memory loss, dementia and Alzheimer's disease, medication and</p>

	<p>treatment options, caring for dementia sufferers and other information critical to managing and living with dementia.</p> <p>Monthly reports submitted include a list of presentations and events with dates and number of attendees. Monthly and year to date reports with percentages are submitted for calls to the Helpline on Montgomery County residents, individuals registered in the Safe Return Program and the number of missing persons incidents. Also, the total number of support group sessions and the number of participants.</p> <p>There are no mandated numbers for the above programs. However, tracking of referrals and services referred to could help in determining resource need/utilization in the community.</p>
3. Management routinely monitors outputs and meaningful outcomes data and uses measures to determine results.	AA submits a monthly report of the list of presentations and events delivered with dates and the number of attendees. Reports are monthly with year to date totals and contain: total number of Montgomery County Helpline calls received, the percentage of calls received within and about the county residents; Safe Returns measures wanderers and the number of missing persons incidents; Total number of support groups sessions and the number of participants are also recorded. Program tracks meetings with community partners and training.
4. Program managers regularly disseminates the program's performance data with staff.	Program managers from each site meet twice monthly with VP of Program Services. Each program manager submits a monthly report of all activities and services for the month. Managers are in communication with each other on a regular basis for consultation and support. Program Manager for Montgomery County site writes a monthly E-news update that is shared with colleagues in the area. The Association uses Personify, the Constituent Management and Engagement software, and Knack (database) to track constituent activity.
5. Program compares results/ trends with similar programs in other jurisdictions or appropriate benchmarks.	The Montgomery County Office, located in Rockville, is a satellite office of the AA-NCAC. Each Program Manager is responsible for capturing monthly reports of activities, events, support groups, community meetings, training and other activities. All Program Managers meet twice a month with the VP of Program and Services. Statistical information is shared with each other. Data is compared with national trends from other jurisdictions within the National Capital Area Chapter as well as Nationally.
6. Are managers utilizing reporting tools and data?	Managers utilize the reporting tools to track educational and professional trainings, health fairs, support groups and early stage social engagement programs, Helpline calls and percentage within and about the county, Medic Alert and Safe Returns, advancing strategic partnerships, other activities or meetings and activities planned for the next month. Data is captured monthly for the entire fiscal year. The data manager and assistant input data into KNACK data base and PERSONIFY. Input and Output workflow charts were provided for the data entry systems as well as the data entry requirements.
7. Program holds staff accountable to demonstrate respect, professionalism, timelines and fairness.	Position description for Program and Service Manager and Helpline Program Coordinator were provided. Both position descriptions are very general and focus on the need for staff to demonstrate the ability to work with families, caregivers and the community around providing services to constituents with Alzheimer's disease. Some of the responsibilities included that the individual possesses a high level of integrity and confidentiality. Also, that they have the ability to deal with cultural and ethnic diversity. The program could not share a completed evaluation with the team on how staff is rated. Evaluations are computerized through the National Office and not available for review.
8. Program has participated in the Quality Service Review (QSR) process.	N/A
9. Program has a clearly written policy for handling complaints/disputes about the delivery of services that is available to clients.	There is a flyer regarding the Confidential Compliance Line with telephone and web address (alz.org/compliance line). Complaints are tracked by a private organization called Convercent. A Complaint Procedure Policy was provided. It appears to be part of an employee handbook. It referred the person to their supervisor, Human Resources, the Compliance Officer, Chief Operating Officer or the Compliance Hotline. No reported complaints have been received in the past year and to date.

10. A notice of privacy practices (NOPP) is visibly posted in public areas and is provided to clients.	No evidence of privacy noticed posted. Volunteers are trained to respect <i>customers' rights</i> to privacy and confidentiality. No evidence that clients are given NOPP information. However, the volunteers are trained to assure customers that the information shared in groups are confidential. The Association conducts community awareness education presentations at public and private senior settings, the type of lectures does not require posting of a health information privacy statement or a HIPAA notice. Volunteers/staff do not have access to participants' health records.
11. Staff always adhere to appropriate information security safeguards when sharing confidential documents.	N/A. The AA-NCAC does not maintain clinical information on their customers. Confidential documents are maintained in the National Office database for people who call the 24/7 Helpline. Only Helpline staff can see these documents which are password secured.
12. Client files are stored in a secure area and confidential information is not in plain view.	AA-NCAC ensures that all customer files are kept secure and confidential. All records are computerized. No paper records are maintained. Staff may write notes on a case during a case consultation. However, once the information is placed in the computer system Personify and Knack, all written materials are shredded.
13. Staff practices discretion and has safeguards in place when discussing sensitive client information.	Customers are provided with a "safe space" in the Caregivers Support Groups where they can openly express any concerns knowing that their rights to confidentiality and privacy will be protected. Support Group Facilitators are volunteers and trained to practice strict confidentiality regarding information shared within the groups.

IV. Capable and Engaged Workforce

Standards/ Strategies	Supporting Evidence
1. Program has sufficient staff and appropriate resources to support goals.	<p>The National Capital Chapter of the Alzheimer's Association provides extensive program services and outreach with a small employee team that covers five counties in Maryland, eleven counties in VA and all of Washington, DC.</p> <p>Organization chart was provided. The VP of Program and Services has seven program managers reporting to her (one position--Coordinator for Diversity Initiatives Program Manager is currently vacant). The Montgomery County DHHS Grant partially supports the salary of five staff: VP Programs and Services (36%); Program Manager (63%); Program Manager/Helpline (43%); Volunteer Coordinator (24%); Diversity Outreach (5%).</p> <p>Job descriptions were provided. All the managers are involved with Programs and Services of AA-NCAC. However, each has additional duties--i.e., Helpline, Diversity Outreach (currently vacant), Volunteer Coordinator, etc.--as well as their assigned counties to cover in this region.</p> <p>The contract with MCDHHS covers a percentage of the VP for Programs and Services and the Programs and Services Managers as indicated on the Budget chart obtained from the MCDHHS Contract Monitor</p> <p>Program goals are exceeded each month as the staff and a volunteer workforce of one thousand are all committed to carrying out their responsibilities as most, if not all, have a personal story of having a loved one or other personal relationship of someone having Alzheimer's Disease or dementia. Caretaker support groups are available in multiple locations throughout Montgomery County as well as the rest of the AA-NCAC service area in designated Counties Maryland, Virginia and Washington, DC.</p>
2. The program budget reflects and supports the program's mission and significant needs.	This Contract is supplemented by other fundraising sources for the AA-NCAC to accomplish their mission. Their budget is supplemented by Walks: three each in Maryland and Virginia and the major Alzheimer's Walk in Washington, DC. There is a 60% / 40% split for fundraising with the local chapter retaining the larger portion and the difference being forwarded to the National Alzheimer's Association office located in Chicago, IL.

	<p>Funds for the non-contract covered employees in the local chapter and other administrative and operational costs are supplemented by fundraisers from their Walks: three each in Maryland and Virginia and the major Alzheimer’s Walk in Washington, DC. These essential fundraisers support the caregiver support groups, memory cafes and the ongoing training provided to their volunteers for the AA-NCAC to accomplish its mission.</p> <p>The budgetary expenses align with the program mission of NCA-AA to ensure the health and safety of those with Alzheimer’s Disease and their caregivers receiving resources, education materials and trainings as well as anyone else needing information about Alzheimer’s.</p> <p>According to the staff interviewed Helpline calls are addressed within 2 business days. Thus, there is no waitlist for services or programs.</p>
<p>3. To ensure appropriate planning and sustainability, the program follows a process to communicate budget needs and alternate funding strategies, engaging the department and other entities as required.</p>	<p>The Chapter sets other budgetary item needs for the total budget at AA-NCAC. Weekly staff meetings are held either in person or via use of Hangouts and email. The Staff also have laptops or a work cell phone or they can receive a credit for using their personal cell phones. Based on his personal story, the Board Chair wants this chapter to ensure there are readily accessible resources to anyone when a loved one is diagnosed with Alzheimer’s Disease; that they are provided with information, services and resources for the Person with Dementia (PWD) and the caregiver.</p> <p>The Board meets quarterly with staff and has an annual retreat with staff. Staff report on program and services and fundraising activities. Although he was not aware of any funding needs, he found the staff to be “a very capable group,” spoke very highly of the staff and that they were highly skilled in running the chapter, recruiting volunteers and very dedicated to the goals of the Alzheimer’s Association. The Board sponsors two major fundraisers: The Brain Ball, a Black-Tie event, that earned \$3 million last year and “The Longest Day” event on the Summer Solstice (June 21); these are fun, informal activities that the community can put together, such as, Powder Puff Football games (Blondes vs Brunettes), golf outings, cookouts, and other family FUN activities to raise funds for the NCA chapter. They have plans to expand to Planned Giving Programs-i.e., wills, endowments and other individual gifts that can be designated for a local chapter or for medical research, whatever the donor decides. All fundraising is split 60% to the local chapter for its budgetary needs and 40% to National Alzheimer’s Association for medical research.</p> <p>There are plans to add a doctor to the Board so that they can have access to current information on medical research and new protocols in research findings. They continually receive positive feedback on the staff and their accomplishments in carrying out the program’s mission.</p> <p>The Chair of the Board of Directors has a future focus on advocacy. He and other board members meet with Congress on Capitol Hill to request increased funding for Alzheimer’s research.</p> <p>Although there is ongoing communication and collaboration between the contract monitor and the VP for Programs and Services, most of their initiatives have focused on expanding access to the chapter’s initiative to educate the community about its services and programs so that all learn how to access these services and that they are not alone in caring for their loved one with a dementia.</p>
<p>4. Job descriptions are in place for position and reflect the individual’s role in achieving the program’s goals.</p>	<p>Two job descriptions were provided to this review panel. They were for the Programs and Services Manager and the Helpline Program Coordinator. The former one is applicable to four Managers but was found to be too generic as each Manager covers specific geographic areas of the chapter and additional responsibilities were not clearly delineated in that job description. Nor does it capture the unique duties and responsibilities of each Program Manager. After speaking to several of these Managers, one could begin to understand that each Manager has specific duties given their sections of the Region. Attempts are made to match each Manager with his/her unique education and/or work experience and other skillsets with the responsibilities of the total program. Under the supervision of the VP of Programs and Services, each program manager is responsible for providing educational programs, caregiver support, and outreach services. The Program Managers for the Helpline also have care consultation</p>

	<p>responsibilities spending about ½ their time delivering programs and trainings and ½ of their time delivering information/helpline/care consultations.</p>
<p>5. Staff responsibilities and activities are appropriately aligned with their position description.</p>	<p>Each Program Manager is working at full capacity for their position. Many wished to have more hours in the day to accomplish all that is required of them. Also, many spoke of having more workspace to better accommodate program support groups for caregivers and/or volunteers to supplement what the Program Manager could not do while engaged in direct face-to-face meetings with those requesting specific program information or customers requiring more time to address questions or obtain information on Alzheimer's resources and the chapter's programs and services. As stated in #3 above, the job descriptions do not fully reflect each Manager's geographical section and other special duties. For example, one Programs and Services Manager is carrying out her position description but also temporarily carrying out the duties of the Coordinator of Diversity Initiatives. We did not receive this specific job description. Per the scope of services in the DHHS contract, this team of dedicated staff supported by volunteers has surpassed contract deliverables for the last 4 years. As Montgomery County's Senior adult population continues to age, the need for Alzheimer's programs and services will increase.</p>
<p>6. Staff have the knowledge, skills, awareness and training required to formulate, implement, execute, and manage services to customers.</p>	<p>Six staff were interviewed. Each had extensive education and training as well as work experience in working with volunteers and with those impacted by Alzheimer's Disease. Several examples were provided by staff and the VP for Programs and Services. Staff receive ongoing training throughout the program year, especially during periods when community outreach services are low, particularly during the summer months and holidays.</p> <p>However, the Contract Monitor and VP for Programs and Services were not aware that AA-NCAC staff could access MCDHHS training programs, such as the Center for Continuous Learning (CCL) catalog and earn free CEUs. These training seminars are not just for Montgomery County employees but include contractors with the department and other community partners.</p> <p>The AA-NCAC makes extensive use of technology in its day to day operations. The Helpline is a coordinated system from the National Alzheimer's Association which disseminates Information and Referrals (I&R) to each chapter throughout the USA. The local chapter enters each referral into a database (Personify) and, if requested, schedules the customer for training, I&R, a face-to-face meeting with the Helpline Programs and Services Manager or another staff person.</p> <p>Two collaborative efforts were shared with this review panel: the culminating certification of volunteer speakers from the Montgomery County Speakers Bureau as Dementia Friends for having completed extensive training on Dementia Free Montgomery over a year's timeframe. This panel observed the final training session which included the training manual, brochures and handouts the speaker would distribute in future training sessions; a presentation by MCPD on their Medic Alert + Safe Return program for individuals with developmental disabilities and "wanderers," and a detailed PowerPoint presentation.</p> <p>Another new initiative for this chapter is developing a program with the Asian American Health Initiative to increase outreach to this special population in accessing the chapter's caregiver support groups and memory cafes as well as contacting the Helpline for information.</p> <p>A third initiative with the American Muslim Senior Society is in the early stages of formulation. This organization contacted the local chapter to develop a program to train their members as "ambassadors" to do outreach among their community. Logistics of the training program are being developed.</p> <p>Note that the local chapter does not engage customers as clients and only provides supportive services--via the caregiver support workshops, memory cafes and educational sessions-- to those contacting the chapter.</p>
<p>7. Performance plans and evaluations are conducted on a regular basis for staff (as per Performance</p>	<p>The AA-NCAC Performance Plan and Evaluation cycle for their employees was described to the panel. At the beginning of the evaluation period, the employee is given the Performance Plan and reviewed with her/his Manager. The job description is reviewed; goals and deliverables are discussed. Any challenges, areas needing support can be discussed and reviewed weekly with the Manager. A six-month review (progress report) is reviewed by the employee and supervisor;</p>

Management Cycle).	plan is updated or further tweaked. The employee can request assistance to improve areas. By the end of year, the employee knows the outcome of the review. This is an ongoing collaborative process between the employee and his/her Manager. However, we were not able to see a performance plan template or a completed evaluation as the organization stated that the plan format was proprietary information. Nor were we able to review the performance plan process in the Personnel Regulations or an employee handbook.
8. Program management utilizes techniques to ensure staff is effectively working to meet goals.	<p>Staff are provided with extensive training to ensure that they have the skills, awareness to formulate, implement, execute and manage services and programs delivered to anyone requesting information, services and programs from their chapter. Most have prior work experiences in psychology, Gerontology, Nursing or other medical settings and human services. Others have experience in working with volunteers or recreation therapy. Training is compatible for staff to maintain their skills to carry out the mission of the chapter. Cross training ensures that the limited staff can readily step in to cover another Manager's duties and ensure services and programs are provided to customers in a timely manner.</p> <p>Although training opportunities were provided to staff to enhance skills and knowledge, neither the contract monitor or the VP for Programs and Services were aware that their staff could attend Montgomery County Trainings and the DHHS Center for Continuous Learning (CCL). The contract monitor was advised to contact the DHHS Office of Human Resources Training Coordinator for the Catalog of workshops and course selections. Access to these classes is online via DHHS. These classes provide Continuing Education Units for Licensed Social Workers and Counselors free of charge.</p>
9. Program provides opportunities for volunteers, interns and/or students.	<p>AA-NCAC has exhaustive opportunities for volunteers! Each volunteer is thoroughly vetted via a phone interview and later in person and background checks. They are closely monitored to ensure a "good fit" with the organization.</p> <p>The volunteers that serve as facilitators the caregiver support groups and memory cafes tend to be older and some have had personal experience as a caregiver. The Training Manual for Caregiver Support Facilitators is very in-depth. These volunteers go through a lengthy training process. A volunteer must attend at least three support groups before he/she can facilitate a group. The trainee and the Volunteer Coordinator or another Programs and Services Manager accompanies and supports that volunteer on their first assignment as a facilitator.</p> <p>There are periodic reviews of all volunteers, especially the Professional Volunteers for Legal and Financial Services who have subject matter expertise, to ensure that they are a good fit for the work. They volunteers are advised that there are strict guidelines they must follow: not to promote their businesses and not to market their agencies or services to attendees). The NCA-AA retains volunteers by recognizing each one's special achievements: one volunteer received a National Award; "thank you's" from their Managers to tell each volunteer that their service is to be commended; sending thank you notes or cards; and by acknowledgement of "top tier" volunteers.</p> <p>Usually the younger volunteers are used at the Health Fairs, Walk fundraisers and other outreach activities. Volunteer number was given as 1,000 registered. They are recruited by word of mouth or have contacted the Helpline, and by using online sites like VolunteerMatch, VolunteerHub, and LinkedIn. These volunteers receive a half day of training.</p> <p>Each year, the volunteer signs a letter committing to another year of service with AA-NCAC. However, there is no official evaluation according to the Volunteer Coordinator.</p> <p>The "job description" for the Caregiver Support Facilitator was found in the training manual for those volunteers.</p>
10. Program ensures that volunteers, interns and/or students understand their role by providing job descriptions,	This panel was provided a copy of the Training Manual for Caregiver Support Group Facilitators. Manual is very extensive. Each Volunteer after being thoroughly vetted and trained. An annual letter of agreement is signed each year if that volunteer wants to continue with the chapter. The Volunteer Program Manager periodically observes each Facilitator. Observation also occurs with the Professional Volunteers to ensure program integrity that they are not selling or advocating their legal or financial services.

<p>training, and supervision.</p>	<p>Volunteers are notified when they are scheduled to facilitate and follow a detailed process supported by the central staff to ensure materials/handouts and reminders are sent to participants. Volunteers register their hours on a system called Volgistics.</p> <p>Facilitator responsibilities and procedures are specified in the training manual.</p>
<p>11. Program staff have received emergency preparedness guidance, training and have a plan in the event of an emergency.</p>	<p>Program is open to providing services and resources wherever needed in the region. They are very flexible as to where meetings can be accommodated--FBI building, Pentagon, community libraries, community or senior centers. They also have satellite offices located in the 16 counties served in Maryland (5) and Virginia (11), Washington, DC. Because the NCA chapter rents space for each satellite office, they are not responsible for developing the Emergency Evacuation Plan for that entire building. Each satellite office only has 1-2 employees on site as staff are very mobile, in order to cover their sections of the chapter's region. Staff follow the Emergency Preparedness procedures as defined by the Management of that site. The staff participate in all drills for fire and other emergencies. The same is true for the locations in Montgomery County where the caregiver support groups, Memory Cafes and other educational events are held. AA-NCAC does not provide the Emergency Preparedness training for their employees.</p>

V. Service Delivery Transformation

Standards/ Strategies	Supporting Evidence
<p>1. Manager promotes and staff are working towards an integrated seamless services delivery approach for problem solving and case reviews.</p>	<p>VP for Programs and Services keeps in close contact with HHS contract monitor. Staff work well as a team and stay informed on latest referrals from 24/hour help line as well as working with Support Group Volunteer facilitators. All efforts are made to respond to referral customers to identify their needs and provide appropriate information, education and service recommendations. Care consultations are also provided when needed. "Personify" national IT platform and Knack the local IT system are utilized for data collection and tracking.</p>
<p>2. Program is aware of, and participated in, the Intensive Team Meeting (ITM) process to support service integration and collaboration across service areas, County departments and community providers.</p>	<p>N/A -</p> <p>AA-NCAC has not participated in the ITM process. However, the VP for Programs and Services participates on several County Departmental task force groups (i.e. Montgomery County Behavioral Health "Strategic Alignment" committee and the Caregiver Summer study program) and is available to consult on any issues related to Alzheimer's or Dementia.</p>
<p>3. Staff effectively uses appropriate technology to support work and achieve program goals.</p>	<p>Staff has access to computers and other technology. They are fully informed and engaged in the data collection tools utilized by AA-NCAC (Personify, Knack and Volgistics). Staff can utilize cell phones from the Chapter or receive an allowance. They also utilize email, text, and a variety of google offerings for calendar and meeting virtually to enhance communication and achieve program goals as well as google hangout to converse and communicate.</p>
<p>4. Program has an on-going training curriculum and accountability structure to ensure full utilization of the electronic Integrated Case Management (eICM), Electronic Health Records (eHR) and/or Electronic Content Management (eICM)</p>	<p>N/A</p>

systems.	
5. Program staff effectively use eICM, eHR and/or eICM systems for service delivery and to monitor client and program outcomes.	N/A
6. Program staff are accessible by telephone and e-mail, and voicemails are responded within one business day.	AA-NCAC main number is 703-359-4440. It is well advertised on brochures and the web to speak with someone immediately about caregiving concerns, resources and/or disease information, please call the free 24/7 Helpline at 1.800.272.3900 open 365 days a year. The chapter is forwarded any contacts made to the Helpline in Chicago from the National Capital Area. The Helpline Program and Services Manager is the lead for responding or ensuring staff respond to all information and referrals within 2 days. Staff business cards have the main number and their direct line. Confidential logs and care consultations are kept in a secured online system in Personify, the Association's Constituent Management System.
7. Program uses electronic and social media (webpage, Facebook, Twitter, etc.) to conduct outreach and promote services to customers.	Program has a robust website and utilizes social media to inform the public for education and awareness and dissemination of resources and information. Almost 3,000 persons follow the AA-NCAC Facebook page. The web page has a Caregiver Center, 24-hour Helpline, Community Resource Finder, Library Services, On-line tools, Safety Center, Education and e-Learning, Support Groups Information, Message Boards as well as information about Brain Health, and Research. 1,426 information referrals including care consultations individual phone and/or in person were conducted in 2016.

VI. Collaborative Partnerships

Standards/ Strategies	Supporting Evidence
<p>1. Program is continually developing and building community partnerships to promote innovative solutions to current and emergent challenges.</p>	<p>The National Capital Area-Alzheimer's Association chapter has sought out or been contacted by local agencies to create some unique collaborative partnerships:</p> <ol style="list-style-type: none"> 1. Dementia Friendly Montgomery/America - training volunteers from the Montgomery County Speakers Bureau for over a year and culminating in a graduation ceremony as Dementia Friends on 6/29/17. The review team observed the last training session. 2. Creating new diversity partnerships: American Muslim Senior Society - training members to become "Ambassadors" to provide information and referral services in their community and enable those with dementia or Alzheimer's to contact the local chapter and to expand the Muslim community's participation in its programs and services delivery. 3. Ongoing efforts to increase participation from those in targeted special populations: Asian community (via the Asian American Health Initiative). There is active outreach to identify best practices to enhance their efforts to their other identified special populations: African Americans, Latinos and LGBT population. 4. MOU with National Alzheimer's Association to provide them with 1 Full Time Employee given since the merger of this chapter and 80 other chapters throughout the USA to the National Alzheimer's Association about one year ago, to assist with the Helpline referral process. 5. There is a unique relationship between the contract monitor and VP for Program and Services in their collaborative efforts that verify that the AA-NCAC is moving in the correct direction to accomplish this. To date this has resulted in more contact the Asian and Muslim communities and discussions on how to achieve common ground in doing outreach with each community. 6. At the request of Montgomery College's Health Sciences Institute, they jointly launched "Cafe D" caregiver program. (D stands for Dementia.) and Jubilee Housing were identified but not fully discussed. A Programs and Services Manager assisted their Advisory Committee to determine the education topics and speakers. They did facilitate two events for Cafe D. However, AA-NCAC is no longer involved with the Advisory Committee but they are open to speaking at future events.

	<p>7. The same Programs and Services Manager served on the COADD (Committee on Aging and Intellectual and Developmental Disabilities). The committee proposed a Fall conference and Spring workshop at Jubilee Housing's Office. This same manager spoke at both of these events. This committee has been inactive.</p>
<p>2. Staff regularly collaborate with the provider community in identifying potential solutions for efficiencies and improvements.</p>	<p>There is ongoing collaboration between the DHHS contract monitor and the VP of Programs and Services allowing them to quickly communicate and enhance the programs and services of the chapter. This has resulted in several opportunities to expand the chapter's outreach to the identified special populations, some of which initially contacted the chapter. First steps are being developed with these organizations. It is too early to evaluate any outcome measures at this time. Although this chapter does not formally identify a client relationship to their programs and services, the AA-NCAC uses the Core Services Quality Evaluation Initiative (CSQEI) system to measure the quality of their core services; this involves periodic surveys of program constituents to measure customer satisfaction, out-comes and service quality. Their informal way of outreach and cooperating with anyone requesting information and services from the chapter is quickly seized. The Programs and Services Managers develop that program based on the request of that contact via Personify, the constituent management system. Some relationships may be one time only or short term but they willingly accommodate each service request that aligns with their mission and vision.</p>
<p>3. Program regularly solicits the broad input of clients and the community to support proactive planning and improve services.</p>	<p>The National Alzheimer's Association is now organized with it as the Lead organization and the formerly independent local AA chapters are now affiliate chapters. This process occurred over a period, with the merger being finalized last year. Board Chair explained that by reorganizing local chapters could increase their fundraising efforts so more money could be raised directly for medical research to conquer Alzheimer's Disease or how to better manage it.</p> <p>Fundraising efforts are doing exceedingly well according to the staff and the Chair of the Board of Directors that we interviewed. The three Walks held in both Maryland and Virginia and the major Walk for the Cure held in DC exceeded fundraising goals; \$1.4 million were raised in 2016.</p> <p>According to the current Board Chair, there are future plans to strengthen the whole organization by having National and all the local affiliated chapters to place all data in PERSONIFY, the Constituent Relationship Management system that tracks how constituents engage with the association and helps identify service needs. This system will become their data warehouse. Chapters will be able share the information more readily to help build best practices.</p>



ANNEX II: Americans with Disabilities Act Checklist

This review notes general impressions and observations about ADA compliance. It is not a formal assessment for ADA compliance.

Accessible Parking/ Route of Travel	Yes/ No/ NA
Is there clearly marked accessible parking? ADA parking regulations require 1 accessible space per 25 spaces. The first space should be a van accessible space-8ft. parking space plus an 8ft. access aisle.	Yes
Is there an accessible path of travel between the parking space and the main entrance of the building? Look for curb cuts, ramps, etc. Follow the travel path and see if you encounter any problems.	Yes
If the main entrance is not accessible, is there a clearly marked alternative route to the building that is accessible? Again, follow this route and see if you encounter any problems.	N/A
Does the route appear to be wide enough for a wheelchair user (at least 36 inches)?	Yes
Is the front door wide enough (at least 32 inches wide) for a wheelchair to get through?	Yes
Can you open the door without too much trouble? If not is there an automatic door or doorbell to ring for assistance?	Yes*
Accessible Interior Space	Yes/ No/ NA
Can you reach the main office by an accessible route?	Yes
Is the aisle at least 36 inches wide and clear of boxes and protruding items?	Yes**
Are interior doors wide enough for wheelchair access (32 inches wide)?	Yes
Is there an accessible bathroom?	Yes
Does the door open easily or is there an automatic door?	No***
Is there a water fountain that can be used by those using wheelchairs?	No
Are interviewing or counseling rooms accessible for someone in a wheelchair?	Yes
Program Accessibility	Yes/ No/ NA
Does the agency brochure inform people of how to request the information in an alternative format?	Yes
If the agency has a website, is it accessible to users who are blind or have visual impairments?	Yes
Do meeting notices include a statement about requesting sign language interpretation or other accommodations?	Yes
Are meetings held in accessible locations?	Yes****
Does the agency permit service dogs to accompany clients? There are no licensing requirements or identifying equipment needed to prove that the dog is a service dog. The client may be asked if the dog is a service dog.	Yes
Does the agency have a lot of telephone contact with clients?	Yes
If so, does the agency have a TTY telephone?	NA
Is staff trained on the use of the TTY?	Yes
Is agency staff trained to use Maryland Relay?	Yes
Will staff members assist people with disabilities in completing applications if necessary?	Yes

Reviewer comments:

*The doorbell located outside double doors to enter the shared office Suite is too high for an individual in a wheelchair to reach;

**Pillars and Furniture obstacles narrow the path of travel to AA-NCAC office

*** Hallway in front of bathroom is narrow and entry to bathrooms requires a key (no automatic door openers) which is difficult to navigate from a wheelchair. There is no signage to the accessible bathrooms and a key from inside the Suite is required to enter the bathrooms outside the Suite.

****Many of the host sites are County and community based agencies who provide accommodations for their own programs. If a customer calls the Helpline and request for a sign interpreter or other assistive services, the staff person will notify the Information/Referral manager of the request. This manager will contact the program manager assigned to conduct the presentation. The program speaker will then coordinate with the host site to obtain the requested accommodations.

ANNEX III: Reviewers

The Department of Health and Human Services extends appreciation to the following independent reviewers who volunteered their time for the community.



Lois Calhoun

Lois Calhoun, ACSW, LICSW is a Licensed Independent Clinical Social Worker who has more than 31 years of work experience in Mental Health. She retired in 2010 from the D.C. Department of Mental Health with a long career in various positions from an Outpatient Social Worker at St. Elizabeth's Hospital to a Team Leader and Branch Chief for the Community Support Program at one of the largest community mental health centers in the city. She was a Manager in the Office of Accountability and during her last five years of employment developed the Forensic Services Program in the department. She served as an Adjunct Professor at Howard University, Graduate School of Social Work. In addition to some consulting work, Ms. Calhoun has been a community reviewer for more than five years and is a graduate of Temple University and the University of Pennsylvania.



Vera Johnson

Vera Johnson, LCSW-C, is a Licensed Certified Clinical Social Worker with over 32 years of experience with DHHS in the areas of Child Welfare Services and Special Needs Housing. She held several positions as a social work case manager and Lead Worker; homeless family services and grants contract monitor and Program Manager in the Upcounty and Rockville regional offices. Mrs. Johnson participated on various workgroups that developed and implemented integrated customer service assessment models in two of the regional centers; created a government, non-profit and community partner managed service delivery program known as the Neighborhood Opportunity Network Centers for individuals to have easier access to department services for food and preventing homelessness to gain service access in a less formal setting located in their neighborhood. Mrs. Johnson also served on the department's cadre for Quality Service Review until she retired in 2015. Mrs. Johnson is a graduate of Syracuse University and the School of Social Work at Howard University.



Beth Zeidman

Beth Zeidman is a Certified Therapeutic Recreation Specialist working with individuals of all ages and abilities and retired from Arlington County's Department of Parks and Recreation after 31 years of service where she held various supervisory and management positions as well as special assistant to the Director. She has a graduate degree from George Washington University and completed certificate programs in Organizational Development and Transformational Leadership at Georgetown University. Beth has served on National Boards as well as presented at numerous National, State and local conferences and has been an adjunct instructor at several Universities in the Metropolitan Washington Area. Most recently, a graduate of Senior Leadership Montgomery and the Legacy Leader Institute on Public Policy at the University of Maryland. She is also a founding member of the Community Research Advisory Board, part of the University of Maryland Center for Health Equity. She has been conducting Community Reviews for 7 years.

ANNEX IV: Interviewees and Participants

The independent review panel met with and interviewed the following staff, participants and community partners, and wishes to extend appreciation for their participation in this Community Review. The list is not exhaustive, as additional program staff may have been unintentionally omitted from this list.

Name	Title	Organization
Ana Nelson	Vice President of Programs and Services	AA-NCAC
Lindsey Vajpeyi	Program and Services Manager for Montgomery County and Washington, DC	AA-NCAC
Diane Vance	Program and Services Manager and Diversity Outreach Manager for Montgomery County and Washington, DC.	AA-NCAC
Ben Donnely	Volunteer Manager	AA-NCAC
Sister Kathy Weber	Program Manager	Holy Cross Resource Center
Bob Bell	Program and Helpline Manager	AA-NCAC
Ben Kordestani	Senior Vice President and Chief Financial Officer	AA-NCAC
Mark Bierbower	Chair, Board of Directors	AA-NCAC
L.K.	Client participant	Montgomery County Resident
B.K.	Client participant	Montgomery County Resident
Lylie Fisher	DHHS Contract Manager	DHHS Area Agency on Aging
Janet Dopsovic	Chair of DFM's action team and Coordinator of DFM's Continuum of Care Workgroup	DFA/DFM



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