APPENDIX A

An Inventory of County Government Programs Designed to Serve Seniors

OFFICE OF LEGISLATIVE OVERSIGHT
REPORT NUMBER 2005-3

March 1, 2005

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Appendix A

An Inventory of Programs Designed to Serve Seniors

Introduction and Summary of Funding

This Appendix contains the inventory of programs designed to serve seniors. The programs are listed by County Government department/office. Each program summary includes information on:

- How the program fits within the eight categories of services to seniors (see explanation below);
- The program's stated goal(s);
- An overview description of the program's activities;
- How the program is staffed, e.g., using in-house staff or contractors;
- The performance measures tracked and reported for the program;
- The level of coordination with other senior programs; and
- Recent strategic planning efforts and future challenges facing the program.

In terms of fiscal information, each program summary includes a table that lists County and non-County funding for fiscal years 2003, 2004, and 2005. The funding table also includes the source of non-County funding. Many of the write-ups include an explanation on how the funding was derived. The fiscal section also shows relevant program revenue.

Categories of Services to Seniors

In consultation with program staff, OLO established eight categories of services to seniors.

> Category #1: Protective/Guardianship
> Category #2: In-Home Assistance
> Category #3: Housing
> Category #4: Nutrition
> Category #5: Health-Related
> Category #6: Transportation
> Category #7: Recreation, Leisure, and Continuing Education
> Category #8: Fiscal, Legal, and Other Support

OLO worked with Department staff to sort programs according to the most relevant category. A detailed summary of the County and non-County expenditures, by program, for FY 03, FY 04, and FY 05 begins on © 4. Chapter V (page 23) of the report presents the revenue generated by the inventory of programs. A list of the non-competitive grants appropriated to the Community Grant's Non-Departmental Account to support non-profit organizations in the delivery of programs that serve seniors begins on © 7. The program summaries begin at © 8.

INVENTORY OF PROGRAMS DESIGNED TO SERVE SENIORS

Department	Program	See ©
Department of Health and Human Services (DHHS) **Aging & Disability Services**	Adult Evaluation & Review Services	8
	Adult Protective Services	12
	Assisted Living Services	18
	In-Home Aide Services	22
	Medical Assistance Outreach and Long Term Care	27
	Ombudsman Services	32
	Public Guardianship Program	36
	Respite Care	41
	Senior Community Program Services	45
	Senior Information and Assistance	56
	Senior Nutrition Program	60
	Social Services to Adults	66
DHHS – Public Health Services	Assisted Living Facilities	71
	Domiciliary Care Homes	74
	Nursing Homes	78
	Senior Dental Services	82
DHHS – Behavioral Health & Crisis Services	Mental Health Services for Seniors	91
	Rental Assistance Program	101
Department of Housing and Community Affairs	Housing Initiative Fund and Home Program	104
	Public Services Grants	106
Department of Public Works and Transportation	Call 'N Ride	109
	Ride On (Discounted Fares for Seniors)	112
	Senior/Disabled Community Outreach Program	114

INVENTORY OF PROGRAMS DESIGNED TO SERVE SENIORS (CONTINUED)

Department	Program	See ©
Department of Recreation	Senior Programs	118
Montgomery County Police Department	Community Outreach for Seniors	123
	Elder Abuse Unit	126
Montgomery County Volunteer and Community Service Center	Retired and Senior Volunteer Program	128
	Telephone Reassurance for Senior Care Givers	132
Montgomery County Fire & Rescue Service	Fire and Rescue Senior Outreach	134
Office of the County Attorney	Child and Adult Protective Services	138
Montgomery County Public Libraries	Book Delivery Services	141

An Inventory of County Government Programs Designed to Serve Seniors

Summary of County and Non-County Expenditures, by Program, for FY 03, FY 04, and FY 05*

Service Category	FY 03 Estimated Expenditure ($)			FY 04 Estimated Expenditure ($)			FY 05 Estimated Expenditure ($)			% Change FY 03-FY 05
	County	Non-County	Total	County	Non-County	Total	County	Non-County	Total	
Category #1: Protective/Guardianship										
DHHS - Aging & Disability Services										
Adult Protective Services	510,929	646,970	1,157,899	600,298	563,648	1,163,946	549,164	558,200	1,107,364	-4%
Adult Evaluation & Review Services	431,545	311,144	742,689	508,695	266,959	775,654	459,453	233,099	692,552	-7%
Social Services to Adults	374,634	564,948	939,582	439,056	495,113	934,169	403,095	510,547	913,642	-3%
Public Guardianship Program	101,008	447,654	548,662	117,789	383,335	501,124	110,900	391,955	502,855	-8%
Ombudsman Services	64,886	421,114	486,000	165,240	367,309	532,549	180,607	397,772	578,379	19%
DHHS - Public Health Services										
Nursing Homes	475,983	0	475,983	568,664	0	568,664	687,021	0	687,021	44%
Domiciliary Care Homes	67,020	0	67,020	216,750	0	216,750	267,910	0	267,910	300%
Assisted Living Facilities	87,513	45,570	133,083	90,445	40,920	131,365	116,821	46,435	163,256	23%
Office of the County Attorney										
Child & Adult Protective Services	35,000	0	35,000	35,000	0	35,000	35,000	0	35,000	0%
Police										
Elder Abuse Unit	81,798	0	81,798	80,460	0	80,460	78,900	0	78,900	-4%
Sub-Total	2,230,316	2,437,400	4,667,716	2,822,397	2,117,284	4,939,681	2,888,871	2,138,008	5,026,879	8%
Category #2: In-Home Assistance										
DHHS - Aging & Disability Services										
In-Home Aide Services	2,235,209	662,922	2,898,131	2,076,277	671,673	2,747,950	2,084,648	711,052	2,795,700	-4%
Respite Care	107,012	219,967	326,979	85,441	294,172	379,613	91,828	355,124	446,952	37%
Sub-Total	2,342,221	882,889	3,225,110	2,161,718	965,845	3,127,563	2,176,476	1,066,176	3,242,652	1%
Category #3: Housing										
Department of Housing & Community Affairs										
Housing Initiative Fund and Home Program	4,800,000	0	4,800,000	6,182,456	1,100,000	7,282,456	8,181,300	0	8,181,300	70%
DHHS - Aging & Disability Services										
Assisted Living Services	645,198	658,991	1,304,189	687,354	597,415	1,284,769	642,464	627,381	1,269,845	-3%
DHHS - Behavioral Health & Crisis Services										
Rental Assistance Program	1,053,354	0	1,053,354	1,053,354	0	1,053,354	1,095,333	0	1,095,333	4%
Sub-Total	6,498,552	658,991	7,157,543	7,923,164	1,697,415	9,620,579	9,919,097	627,381	10,546,478	47%

*The amounts shown in these tables have been pro rated for seniors. The formula used to pro rate expenditures is explained in each program summary listed in the Appendix.

An Inventory of County Government Programs Designed to Serve Seniors

Summary of County and Non-County Expenditures, by Program, for FY 03, FY 04, and FY 05 (continued)

Service Category	FY 03 Estimated Expenditure ($)			FY 04 Estimated Expenditure ($)			FY 05 Estimated Expenditure ($)			% Change FY 03-FY 05
	County	Non-County	Total	County	Non-County	Total	County	Non-County	Total	
Category #4: Nutrition										
DHHS - Aging and Disability Services										
Senior Nutrition Program	133,035	841,911	974,946	133,035	845,133	978,168	157,697	1,056,333	1,214,030	25%
Food & Friends ¹	0	0	0	0	0	0	34,000	0	34,000	0%
Grocery Shopping for Seniors¹	0	63,030	63,030	0	63,030	63,030	0	63,030	63,030	0%
Sub-Total	133,035	904,941	1,037,976	133,035	908,163	1,041,198	191,697	1,119,363	1,311,060	26%
Category #5: Health-Related Services										
DHHS - Behavioral Health & Crisis Services										
Mental Health Services for Seniors	304,931	220,850	525,781	304,931	220,850	525,781	315,750	220,850	536,600	2%
DHHS - Public Health Services										
Senior Dental Services	381,424	0	381,424	518,262	0	518,262	564,347	0	564,347	48%
Fire & Rescue Service										
Fire & Rescue Senior Outreach	10,000	0	10,000	5,000	0	5,000	34,100	81,200	115,300	1053%
Sub Total	696,355	220,850	917,205	828,193	220,850	1,049,043	914,197	302,050	1,216,247	33%
Category #6: Transportation										
DPWT										
Ride-on (Senior Discounted Fare)	990,466	0	990,466	1,119,050	0	1,119,050	1,312,437	0	1,312,437	33%
Call' N Ride	1,478,464	364,370	1,842,834	1,544,701	379,110	1,923,811	1,848,432	379,110	2,227,542	21%
Senior/Disabled Community Outreach Program	159,063	0	159,063	163,405	0	163,405	164,910	0	164,910	4%
DHHS - Aging and Disability Services										
Program Transportation¹	681,350	0	681,350	685,170	0	685,170	527,980	98,000	625,980	0%
Escorted Transportation¹	23,292	0	23,292	13,450	0	13,450	18,000	0	18,000	0%
The Senior Connection¹	106,610	0	106,610	106,610	0	106,610	98,600	0	98,600	0%
Sub-Total	3,439,245	364,370	3,803,615	3,632,386	379,110	4,011,496	3,970,359	477,110	4,447,469	17%

1. Contract included under Aging and Disability Services' Senior Community Services Program

Appendix A

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Summary of County and Non-County Expenditures, by Program, for FY 03, FY 04, and FY 05 (continued)

Service Category	FY 03 Estimated Expenditure ($)			FY 04 Estimated Expenditure ($)			FY 05 Estimated Expenditure ($)			% Change FY 03-FY 05
	County	Non-County	Total	County	Non-County	Total	County	Non-County	Total	
Category #7: Recreation, Leisure, & Continuing Education										
Department of Recreation										
Senior Programs	1,187,000	0	1,187,000	1,130,745	0	1,130,745	1,384,970	0	1,384,970	17%[2]
Department of Libraries										
Book Delivery Services	27,972	0	27,972	20,047	0	20,047	19,745	0	19,745	-29%
Sub-Total	1,214,972	0	1,214,972	1,150,792	0	1,150,792	1,404,715	0	1,404,715	16%
Category #8: Fiscal, Legal, & Other Support										
DHHS- Aging & Disability Services										
Senior Information and Assistance	309,858	508,001	817,859	352,781	476,276	829,057	468,992	532,414	1,001,406	22%
Medical Assistance Outreach Long Term Care	476,237	598,760	1,074,997	629,172	523,270	1,152,442	654,343	530,086	1,184,429	10%
Senior Community Program Services	895,922	904,530	1,800,452	527,479	803,504	1,330,983	1,211,665	998,960	2,210,625	23%
Montgomery County Volunteer and Community Service Center										
Retired & Senior Volunteer Program	30,550	85,983	116,533	32,370	83,999	116,369	30,710	90,470	121,180	4%
Telephone Reassurance for Senior Care Givers	0	0	0	0	0	0	0	41,000	41,000	0%
Department of Housing and Community Affairs										
Three Public Service Grants (CDBG)	0	100,000	100,000	0	97,500	97,500	0	90,000	90,000	-10%
Montgomery County Police Department										
Community Outreach for Seniors	91,417	1,000	92,417	90,100	0	90,100	127,860	0	127,860	38%
Sub-Total	1,803,984	2,198,274	4,002,258	1,631,902	1,984,549	3,616,451	2,493,570	2,282,930	4,776,500	19%
TOTAL	18,358,680	7,667,715	26,026,395	20,283,587	8,273,216	28,556,803	23,958,982	8,013,018	31,972,000	23%

1. Contract included under Aging and Disability Services' Senior Community Services Program
2. Department staff report that this increase may reflect the recent confluence of two recreation programs (Senior Programs and Therapeutic Recreation).

Source: OLO and County Government Staff, November 2004.

Non-Competitive Contract Awards (Funded Through the Community Grant's Non-Departmental Account) to Organizations that Provide Programs that Serve Seniors

Organization/Program	Funded Through Non-Departmental Accounts			Coordinating Agency
	FY 03 ($)	FY 04 ($)	FY 05 ($)	
Catholic Charities Wellness works program		47,750		Aging & Disability Services/Public Health Services
GROWS Bilingual brochures to help senior access information	24,220			DHCA
Jewish Federation of Greater Washington Naturally occurring retirement communities demo project		200,000		Aging & Disability Services
Jewish Council for the Aging Bathroom renovations	19,660			Aging & Disability Services
Wheelchair accessible bus			65,000	
Jewish Social Services Agency, Inc. Transportation of seniors with disabilities	40,000			Aging & Disability Services
Korean Community Center of Greater Washington Senior Health and mental health outreach			45,000	DHCA
Language/computer/childcare training for seniors		10,000		DHCA
Korean American Senior Citizens Associations In home aide services		25,000		Aging & Disability Services
Language/computer/child care training for seniors	20,000			DHCA
Top Banana Grocery service for low-income seniors	45,000	25,000	20,000	DHCA
TOTAL	**$148,880**	**$307,750**	**$130,000**	

*The $32 million identified in this OLO study does not include the amounts shown in this table.

Source: Department Budget Staff & Section G: Designation of Entities for Non-Competitive Awards (FY 0 3, FY 04, FY 05 Approved Budgets)

DEPARTMENT OF HEALTH & HUMAN SERVICES
(AGING AND DISABILITY SERVICES)

Program

ADULT EVALUATION AND REVIEW SERVICES (AERS)

1. **Category of Service**

   CATEGORY #1: PROTECTIVE/GUARDIANSHIP

2. **Program Goal**

To provide assessment, care planning, and short-term case management to the frail elderly and to adults with disabilities age 18 and older who are at risk of institutionalization.

3. **Sources of Expenditure: FY 03, FY 04, and FY 05 Estimates***

Source of Funding	FY 03 Estimate	FY 04 Estimate	FY 05 Projected Estimate	% Change FY 03 - 05
County Funds:	$431,545	$508,695	$459,453	6%
Non-County Funds:				
State Funds: • Department of Human Resources (HB 669)	$311,144	$266,959	$233,099	(25%)
Total	$742,689	$775,654	$692,552	(7%)

*Refer to next page for assumptions and explanation of funding.

Source: Aging & Disability Services/OLO, November 2004

Assumptions and Explanation of Expenditure. AERS is one of three programs funded through the budget category of Assessment Services.[1] The amounts shown in the table on the previous page are based on a fraction (45%) of the total funding within that budget category. The fraction is derived from the proportion of Assessment Services workyears assigned to the AERS Program.[2] Also, given that AERS serve adults of any age, the amounts shown are also based on the proportion of the program's clients who are seniors. Program staff estimate this proportion to be 75%.

In addition, the County and HB669 estimates shown in the table on the previous page are based on the final budget appropriation approved by the County Council. All other funding shown is based on final grant awards. A proportion of the County's funding is eligible for Federal Financial Participation (FFP) reimbursement. DHHS staff report that the amount of FFP received is not easily identifiable by program because of the complexity, scope, and requirements of the Department's Federal claim.

3 (a) Sources of Revenue

Aging and Disability Services receives reimbursement for the AERS evaluation under the Statewide Evaluation and Planning Services (STEPS) program. The County receives $355 for each completed AERS evaluation.[3] The table below shows the amount of revenue received for the past three fiscal years.

Source of Revenue	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
State Department of Health and Mental Hygiene – Reimbursement for Statewide Evaluation and Planning (STEPS)	$54,619	$54,371	$33,750	(38%)

*Amounts are pro-rated for seniors at 75%

Source: Aging and Disability Services, November 2004

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[1] The others are: Adult Protective Services and Social Services to Adults.

[2] Of the 22 Assessment workyears, ten are assigned to AERS.

[3] Note: The State pays an additional $50 for each completed AERS evaluation for the MA LTC Waiver program.

4. Description of Activities

Established in the 1980s, the Adult Evaluation and Review Services (AERS) program provides comprehensive pre-admission evaluations of adults at risk for nursing home placement. This program oversees Statewide Evaluation and Planning Services (STEPS) and the Geriatric Evaluation Service (GES). State law mandates the STEPS and GES components of the AERS program.[4] Any adult age 18 or older at risk of nursing home placement is eligible for the program. Approximately 75% of AERS clients are 60 years of age and older.

Clients in need of an in-depth evaluation are often referred to the program through the Senior Information and Assistance program (see © 56 for a description of the Senior Information and Assistance program). Generally, each assessment consists of a multi-disciplinary evaluation, with a nurse reviewing each client's medical condition and a social worker determining the client's psychosocial needs. This information is used to develop a care plan that outlines the services needed to address the client's needs.

AERS staff assess for In-Home Aide Services, Medicaid Waiver, Senior Care, Respite Care, Adult Foster Care, and other senior services. AERS staff monitor the client for approximately three months to assure that clients are safe and stable. Staff refer clients needing on-going case management to social workers in either Social Services to Adults program, Adult Protective Services, or Older Adult Waiver Program. Under STEPS, the State tracks clients who are potentially eligible, both medically and financially, for nursing home placement within 6 months of the evaluation.

The GES program provides the psychiatric clearances necessary for placement at a State psychiatric facility for any patient 65 years of age or older. An AERS evaluation must be conducted before the patient can be admitted to the State facility.

5. Staffing/Contractual Arrangements

Staffing Arrangements. AERS FY 05 staffing component consists of approximately ten workyears and includes: a nurse case manager (grade 25) and eleven Community Health Nurses (grade 23). These individuals work with social workers from Social Services to Adults, Adult Protective Services, and/or Adult Waiver Programs to conduct the multidisciplinary assessment.

Contractual Arrangements. No services are provided by contract.

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[4] Authority: Health-General Article,§2-104(b), 15-103 and 15-105, Annotated Code of Maryland; COMAR 10.09.30.01-10.09.30.10). The GES Psychiatric component is mandated as well (Health-General Article, §10-604).

6. Program Measures

Program Activity Data	FY 03 Estimate	FY 04 Estimate	FY 05 Estimate
Workload/Outputs*			
• Number of seniors evaluated	513	656	675
• Number of seniors linked to community resources	490	619	578
• Number of seniors given medication education	392	537	518
Outcomes/Results			
• Percentage of seniors who remain safely in the community after receiving services	78%	82%	80%
• Percentage of seniors who take their medications safely after receiving services	75%	83%	80%
Service Quality			
• Average number of days to initiate cases	5.9	5.3	6.5
• Average monthly number of cases per staff member	18.5	17.2	18.8
Efficiency:			
• Average cost per senior evaluated	$1,520	$1,226	$1,053

*The output data shown in this table is based on 75% of the program's actual output. Program staff estimate that 75% of the program's clients are seniors.

Source: Aging & Disability Services, November 2004

7. Coordination with Other Senior Programs

AERS staff report that they coordinate with Adult Protective Services, Social Service to Adults, Guardianship, and Older Adult Waiver social workers as part of the multidisciplinary assessment process. The program assesses for In-Home Aide Services, Medicaid Waiver, Senior Care, Respite Care, Adult Foster Care and many other senior services.

8. Strategic Planning Efforts and Future Challenges

There is no formal written strategic plan for the AERS program. In terms of future challenges, program staff report that staffing levels must increase as the senior population grows, especially if more Waiver slots become available.

DEPARTMENT OF HEALTH & HUMAN SERVICES
(AGING AND DISABILITY SERVICES)

Program

ADULT PROTECTIVE SERVICES (APS)

1. **Category of Service**

   CATEGORY #1: PROTECTIVE/GUARDIANSHIP

2. **Program Goal**

To assist or act on behalf of disabled adults and the elderly who are unable to protect their own interests, to protect their health, safety and welfare, and to reduce the risk of neglect, self neglect, abuse or exploitation.

3. **Sources of Expenditure: FY 03, FY 04, and FY 05 Estimates***

Source of Funding	FY 03 Estimate	FY 04 Estimate	FY 05 Projected Estimate	% Change FY 03 - 05
County Funds:	$510,929	$600,298	$549,164	7%
Non-County Funds:				
State Funds:				
• Department of Human Resources (HB669)	$423,620	$369,714	$364,266	(14%)
• Senior Care Grant	$223,350	$193,934	$193,934	(13%)
Total Non-County Funds:	$646,970	$563,648	$558,200	(14%)
Total	**$1,157,899**	**$1,163,946**	**$1,107,364**	**(4%)**

*Refer to next page for assumptions and explanation of funding.

Source: Aging & Disability Services/OLO, November 2004

Assumptions and Explanation of Funding. Adult Protective Services is one of four programs funded through two budget categories: Assessment Services and Continuing Case Management.[1] The amounts shown in the table on the previous page are based on a fraction of the total funding within these two budget categories: 36% of Assessment Services and 33% of Continuing Case Management. These fractions are derived from the proportion of Assessment Services and Continuing Case Management workyears assigned to APS.[2] In addition, given that Adult Protective Services serve adults of any age, the amounts shown are also based on the proportion of program's clients who are seniors. Program staff estimate this proportion to be 75%.[3]

The County and HB669 estimates shown in the table on the previous page are based on the final budget appropriation approved by the County Council. All other funding shown is based on final grant awards. A proportion of the County's funding is eligible for Federal Financial Participation (FFP) reimbursement. DHHS staff report that the amount of FFP received is not easily identifiable by program because of the complexity, scope, and requirements of the Department's Federal claim.

4. Description of Activities

APS is part of a continuum of services provided to vulnerable adults age 18 and older. This service is mandated by Family Law Article 88A, Annotated Code of Maryland, and is also guided by the appropriate sections of the Estates and Trusts Article. A vulnerable adult is a person who lacks the physical or mental capacity to provide for his/her daily needs.

Maryland law requires health practitioners, police officers, and human service workers to report suspected cases of abuse, neglect or exploitation. APS accepts reports/referrals via telephone, letter, and/or direct conversation 24 hours a day, 365 days of the year. Adult Protective Services staff primarily determine whether or not an individual is a vulnerable adult and is need of protective services. Staff:

- Assess, identify, and reduce the level of risk for a vulnerable adult,
- Assist in protecting the vulnerable adult's rights by making referrals to appropriate legal resources and consulting with same,
- Assist in providing access to financial benefits to which the vulnerable adult may be entitled and assist in expending such funds in a manner that will provide for his/her well-being,
- Petition the court for the appointment of a guardian of person and/or property when necessary to protect the vulnerable adult's health, safety, and welfare,
- Arrange services to meet an individual's physical and/or mental health, including services that meet the person's nutritional, housing, social, and recreational needs.

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[1] The others are: Social Services to Adults, Adult Evaluation and Review Services and the Public Guardianship Program.
[2] Of the 22 Assessment workyears, eight are assigned to APS. Of the 18 Continuing Case Management workyears, six are assigned to APS.
[3] The amounts shown for the Senior Care and Vulnerable Elderly Program Initiative grants are based on 100% of the final award.

To achieve these tasks, Adult Protective Services staff provide both initial assessment services and continuing case management services. An initial APS assessment can involve multiple home visits, consultation with family and other appropriate parties (e.g., neighbors, police, and physicians), reviewing police reports, as well as court presentations, and collaboration with public and private organizations.

By State law, APS must initiate investigations of suspected cases of abuse, neglect, or exploitation within 24 hours if the report indicates that an emergency exists. "Emergency" means any condition in which a vulnerable adult is living that presents a substantial risk of death or immediate and serious physical harm to the individual or others. For other cases, the law requires initiation within five working days after the receipt of the referral. APS staff must complete high risk/emergency investigations within 10 days and within 30 days for all other cases.

If the initial assessment determines that a client is at risk, APS staff will initiate a plan that mitigates the risk of neglect, self-neglect, abuse or exploitation. The five functions of continuing Adult Protective Services are assessment, planning, linking, monitoring, and advocacy.

5. Staffing/Contractual Arrangements

Staffing Arrangements. APS FY 05 staffing complement consists of approximately 14 workyears and involve the following positions:

- A program manager (level G-25);
- 12 full-time social workers (level III),
- A part-time social worker (level III);
- A Community Health Nurse (level II), and
- An office services coordinator.

Contractual Arrangements. Each year, for the past 15 years, Adult Protective Services has competitively awarded a contract to a psychiatrist to provide urgent and emergency psychiatric evaluations; consultation regarding new and on-going cases; and consultation at team staffing meetings. The psychiatrist serves 416-624 seniors per year at an annual cost of $11K.

6. Program Measures

Program Activity Data	FY 03 Estimate	FY 04 Estimate	FY 05 Estimate
Workload/Outputs*			
Assessment:			
• Number of abuse and neglect reports screened	388	363	392
• Number of investigations conducted/completed	358	361	410
Continuing Case Management:			
• Estimated number of seniors receiving continuing adult protective services	378	390	373
Outcomes/Results			
Assessment:			
• Percent of cases re-opened within six months	6%	3%	7%
Continuing Case Management:			
• Percent of clients for whom no new APS investigation is required	99%	99.9%	99%
Service Quality			
Assessment:			
• Average time to initiate cases	3.6 days	3.2 days	3.5 days
• Average time to complete investigations	27 days	25 days	25 days
Continuing Case Management:			
• Average caseload per case manager	25:1	25:1	25:1
Efficiency			
Assessment:			
• Average cost per screening	$1,430	$1,614	$1,346
• Average number of reports investigated per worker per month	8.0	7.0	8.0
• Average caseload ratio (cases per staff member) per month	25:1	29:1	20:1
Continuing Case Management:			
• Average cost per client	$1,441	$1,388	$1,421

* The output data shown in this table are based on 75% of the program's actual output. Program staff estimate that 75% of the program's clients are seniors.
Source: Aging & Disability Services, November 2004

7. Coordination with Other Senior Programs

The indented text below shows the various entities -- in addition to the other Aging and Disability services' programs – that APS staff coordinate with on a regular basis. In general, APS staff coordinate with these entities to:

- To improve a senior's safety, health, self sufficiency and extend their independent living arrangements;
- Make decisions about medical care, housing and placement, psychiatric care, court petitions, court hearings, evictions, protection/police assistance, and burial arrangements; and
- Link and refer seniors to support services.

Coordination takes place in various ways: by phone, letter of referral/application or personal visit, or attendance at committee or task force meetings.

Other DHHS programs. Crisis Center, Mental Health Services for Seniors, Emergency Services, Food Stamps, Energy Assistance, Medical Assistance, and Public Health Services Licensure & Certification, and Shelter System.

Other County Departments/Agencies. County Attorney's Office, Montgomery County Police Department (Elder Abuse Investigation Unit and Elder Abuse Review Committee), Montgomery County Sheriff's Department, Montgomery County Circuit Court – judges, their clerks and the Trust Office, Housing Opportunities Commission, and the State's Attorney's Elder Abuse Task Force.

Other State Agencies. State Department on Aging, State Department of Human Resources, and State Developmental Disabilities Administration.

Other organizations. Private home care agencies, Casey House, psychiatric facilities, including in patient and day treatment, Mental Health Association, Social Security Administration, private pensions, funeral homes and cemeteries, mental health providers, Alzheimer's Disease & Related Disorders Assn., and the Commission on Aging.

Other professionals. nursing home staff, hospital staff, private attorneys and attorneys for the five Montgomery County Hospitals, physicians, nurse practitioners, psychiatrists, private apartment managers, and language translators.

8. Strategic Planning Efforts and Future Challenges

There is no formal written strategic plan for the Adult Protective Services program In terms of future challenges, APS staff report that the County can expect an increase in demand for APS services in the future. APS staff report that the cases grow more complex with the lack of services for the mentally ill and developmentally disabled, which makes case managing seniors more labor intensive. Some of the obstacles that APS face include:

- Decrease in Mental Health Services,
- Lack of appropriate living arrangements,
- An increase in aging and disabled population without simultaneous increase in resources,
- Minimal legal penalties/repercussions for perpetrators,
- An increase in private assisted living facilities – difficult to monitor safety and compliance issues for frail/elderly residents.

DEPARTMENT OF HEALTH & HUMAN SERVICES
(AGING AND DISABILITY SERVICES)

Program

ASSISTED LIVING SERVICES

1. Category of Service

CATEGORY #3: HOUSING

2. Program Goal

To provide protective living environments for the frail elderly and adults with disabilities, using adult foster care and supportive group homes.

3. Sources of Expenditure: FY 03, FY 04, and FY 05 Estimates*

Source of Funding	FY 03 Estimate	FY 04 Estimate	FY 05 Projected Estimate	% Change FY 03 - 05
County Funds:**	$645,198	$687,354	$642,464	<1%
Non-County Funds:				
State Funds:				
• Department of Human Resources (HB669)	$248,991	$229,137	$209,464	(16%)
• Senior Group Assisted Housing Grant***	$455,570	$409,198	$464,352	2%
Total Non-County	$704,561	$638,335	$673,816	(4%)
Total	**$1,349,759**	**$1,325,690**	**$1,316,281**	**(2%)**

* The estimates shown for County and HB 669 funds have been pro-rated for seniors (49%) and is based on the final budget appropriation approved by the County Council. The amount shown for the Senior Group Assisted Housing Grant is the entire amount appropriated.

**A proportion of the County funding spent on the Assisted Living Services program is eligible Federal Financial Participation (FFP) reimbursement. DHHS staff report that the amount of FFP received is not easily identifiable by program because of the complexity, scope, and requirements of the Department's Federal claim.

***Aging and Disability Services passes 10% of the Senior Group Assisted Housing Grant funds onto Public Health Services' Assisted Living Facilities program.

Source: Aging and Disability Services/OLO, November 2004

4. Description of Activities

The Assisted Living Services program consists of two programs: Adult Foster Care and Group Home Subsidy Program.

Adult Foster Care. Established as a pilot program in 1980, the Adult Foster Care program provides supervised living and assistance to disabled adults and frail elders. Staff estimate that 49% of program clients are seniors. The program is not mandated by law.

The program matches clients to homes, provides subsidies to eligible clients, and provides ongoing case management to clients. Each client receives an individual care plan with goals to ensure safety, health, and maximum self-sufficiency. Case managers certify and monitor the adult foster care homes and monitor the clients' care in-group homes. Case managers also help arrange needed services such as adult day care, occasional in-home aide services, job support, help in paying bills, and training for both providers and residents.

To be eligible for services, a person must:

- Be 18 years or older, who has a disability that requires substantial supervision and assistance;
- Not have an income that exceeds the allowed subsidy rate ($1,175-$1,375 per month in FY05) and assets of no more than $2,500;
- Be willing to accept case management;
- Possess documentation of disability, income, assets and functional capacity; and
- Be willing and able to reside in a small licensed assisted living facility or family- like setting.

Group Home Subsidy Program. Established in 1970s, the Group Home Subsidy Program provides subsidies to clients age 62 and over who are residing at group homes and at risk for nursing home placement.

To be eligible for program services:

- A client's income and assets must not exceed maximum levels established by the State (monthly income $2,026 individual/$2,650 couple; assets $11,000 individual/$14,000 couple); and

- A doctor must certify the need for 24 hour care.

If eligible, clients receive a portion of the monthly cost of placement. State funds cover up to $550 per month, while County funds may provide up to an additional $825 per month. Participating group homes agree to limit their monthly fees to a level set by State regulation. The program does not provide case management.

5. Staffing/Contractual Arrangements

The Adult Foster Care program's FY 05 staffing complement includes 8.1 workyears:

- Office Service Coordinator – 1 work year
- Social Worker III – 6.1 work years
- Social Worker IV – 1 work year

The Group Home Subsidy Program's FY 05 staffing complement includes approximately 0.6 WY of staff time (about 0.3 WY each of both a Program Manager II and a Principal Administrative Aide).

There are no services provided by way of contract.

6. Program Measures

Program Activity Data	FY 03 Estimate	FY 04 Estimate	FY 05 Estimate
Workload/Outputs*			
Adult Foster Care:			
• Number of seniors receiving case management placement in Adult Foster Care families and group homes	87	86	86
Group Home Subsidy Program:			
• Number of seniors served	163	159	157
Outcomes/Results			
Adult Foster Care:			
• Percent of seniors residing in foster care or group homes six months after placement	95%	98%	95%
• Percent of seniors residing in foster care or group homes 12 months after placement	93%	93%	90%
Group Home Subsidy Program:			
• Percent of group home providers continuing to accept clients from DHHS	100%	98%	100%
Service Quality			
Adult Foster Care:			
• Percent of clients satisfied with placement	86%	100%	90%

*Workload/output estimates have been have been pro-rated for seniors, who represent 49% of the program's clients.
Source: DHHS' Aging & Disability Services, November 2004

7. Coordination with Other Senior Programs

Program staff report that they coordinate with:

- Assisted living and group homes for seniors to coordinate placements;
- Adult day care programs to provide needed socialization, physical therapy, medical monitoring;
- Nursing Homes to place clients no longer appropriate for community placements and to secure community placements for adults no longer requiring nursing home level of care;
- Senior Outreach Team (SORT) to access mental health treatment and referrals for clients in placements;
- Representative Payee Program to manage finances for clients in placement, including payment of client's portion of placement cost;
- Call 'N Ride to provide transportation to medical appointments;
- Metro Access to provide transportation to medical appointments; and
- Other Aging and Disability Services programs (Adult Protective Services, Care Coordination Teams, Information and Assistance, Guardianship, Medical Assistance Waiver Team) to receive appropriate referrals for supportive housing.

8. Strategic Planning Efforts and Future Challenges

No specific written strategic plan exists for this program. In terms of future challenges, staff report that the demand/need for placements continues to exceed available funding. The demand for services is expected to increase with the County's aging population. Some of the issues identified by staff facing the program are listed below.

- Difficulty finding placements because of the low rate of subsidy. Staff report that new providers purchasing homes in Montgomery County cannot meet their expenses with the current subsidy rate. This may increase the cost for placements as more providers are unable (or unwilling) to accept the current subsidy rate.

- Difficulty finding placements for mentally ill clients who require providers with experience/expertise in relating to adults with mental illness.

- An unwillingness of the State to allow expansion of Residential Rehabilitation Program.

- Increasing demand for subsidized emergency placements due to aging population.

- Increasing costs for placements of undocumented County residents who are not eligible for federal or state benefits.

- Duplication between the State assisted living regulations and the subsidy program regulations.

DEPARTMENT OF HEALTH & HUMAN SERVICES
(AGING AND DISABILITY SERVICES)

Program

IN-HOME ASSISTANCE

1. Category of Service

CATEGORY #2: IN-HOME AIDE

2. Program Goal

To provide home-based support services, including personal care and/or chore services, to eligible frail seniors and people with disabilities who, with assistance, are capable of remaining in their own homes and in the community.

3. Sources of Expenditure: FY 03, FY 04, and FY 05 Estimates*

Source of Funding	FY 03 Estimate	FY 04 Estimate	FY 05 Projected Estimate	% Change FY 03 - 05
County Funds:	$2,235,209	$2,076,277	$2,084,648	(11%)
Non-County Funds:				
State Funds: • Department of Human Resources (HB669)	$662,922	$671,673	$711,052	7%
Total	**$2,898,131**	**$2,747,950**	**$2,795,700**	**(4%)**

* The estimates shown in this table have been pro-rated for seniors at 66% and are based on the final budget appropriation approved by the County Council.

A proportion of the County funding spent on In-Home Aide Services program is eligible Federal Financial Participation (FFP) reimbursement. DHHS staff report that the amount of FFP is not easily identifiable by program because of the complexity, scope, and requirements of the Department's Federal claim.

Source: Aging & Disability Services/OLO, November 2004

3(a) Sources of Revenue*

Aging and Disability Services receives reimbursement (on a sliding fee scale) of any fee required for the provision of in-home aide services. The table below shows the amount of revenue received for the past three fiscal years.

Source of Revenue	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
• In-Home Aide Services Sliding Fee	$15,594	$17,994	$12,870	(79%)

*The amounts shown in this table are based on 66% of the total revenue received by the In-Home Aide Services Program. Staff advise that approximately 66% of the program's clients are seniors.

Source: DHHS' Aging & Disability Services, November 2004

4. Description of Activities

The In-Home Aide Services program provides personal care and/or chore services to eligible frail seniors and people with disabilities who, with assistance, are capable of remaining in their own homes and in the community. Personal care service can involve bathing, feeding, grooming, and assistance with ambulation. Chore service can involve home management (light housekeeping, laundry, shopping, meal preparation, and budgeting), escorted transportation for grocery shopping or medical appointments, emotional support/guidance, and self-care education. The goal of In-Home Aide Services is to prevent abuse and neglect, prevent institutionalization, and enhance quality of life.

The program is requested by a case manager, who require either personal care and/or chore services as part of a developed plan of care. COMAR and local policy determine the eligibility requirements for IHAS. A person is eligible for IHAS if the person:

- Receives case management in a social service program from the local department;
- Is unable to obtain the necessary service from another resource;
- Is willing to accept service; and
- Agrees to pay any fee required on a sliding fee scale.

The In-Home Aide Services program is a State program administered by the County. The County provides funding to supplement the program to serve additional clients. Merit employees and contractors provide in-home aide services (see next page for details).

5. Staffing/Contractual Arrangements

The program's FY 05 staffing complement consists of 18.5 workyears. The table below shows the program's positions and workyears.

Position Title	Number of Workyears
Manager III (Program Manager)	one workyear
Social Worker IV (Program Supervisor)	one workyear
Social Worker III (Quality Assurance Officer/Contract Manager)	0.5 workyears
Principal Administrative Aides	two workyears
Fiscal Assistant	one workyear
Program Specialist I (Coordinator)	one workyear
Community Health Nurse II	one workyear
Community Service Aide III	eleven workyears

Source: DHHS' Aging & Disability Services, November 2004

Contractual Arrangements. Aging and Disability Services contract with five private organizations to provide personal care and chore services: Home Care Partners, HomeCall/FirstCall, Nursing Enterprises, MGH Community Health Inc, and Potomac Home Supports.

The County first provided funding to Home Care Partners in 1978, HomeCall/FirstCall in 1989, Nursing Enterprises in 1986, MGH Community Health Inc. in 1995, and Potomac Home Supports in 1996. The organizations were awarded the contracts, competitively through the County's RFP process. The current contracts are awarded for a five-year cycle with an option to renew annually during each of the 5 years. The table on the next page details the funding provided to the providers for the past three fiscal years.

An Inventory of County Government Programs Designed to Serve Seniors

Provider's Name	FY 03 Funding			FY 04 Funding			FY 05 Funding		
	County	Non-County	Total	County	Non-County	Total	County	Non-County	Total
Home Care Partners	$345,240	$92,990	$438,230	$286,460	$120,760	$407,220	$296,700	$105,570	$402,270
HomeCall/First Call	$220,100	$72,420	$292,520	$230,340	$31,000	$261,340	$276,000	$32,430	$308,430
Nursing Enterprises	$519,720	$110,930	$630,650	$567,160	$83,320	$650,480	$607,200	$62,230	$669,430
MGH Community Health	$231,000	$0	$231,000	$118,800	$0	$18,800	$124,200	$0	$124,200
Potomac Home Supports	$312,400	$3,550	$315,950	$234,300	$3,300	$237,600	$172,500	$3,450	$175,950
Total	$1,628,460	$279,890	$1,908,350	$1,437,060	$238,380	$1,675,440	$1,476,600	$203,680	$1,680,280

Source: Aging & Disability Services/OLO, November 2004

In-Home Aide Services

6. Program Measures

Program Activity Data	FY 03 Actual	FY 04 Actual	FY 05 Estimated
Workload/Outputs*			
• Number of seniors served	436	354	302
• Number of service hours provided	132,000	119,275	109,800
Outcomes/Results			
• Percent of customers with personal care needs met	NA	92%	90%
Service Quality			
• Average satisfaction rating by customers (scale: 0 to 100)**	NA	81	80
Efficiency			
• Average cost per customer served***	$6,941	$7,734	$9,269

*Workload/output estimates have been have been pro-rated for seniors, who represent 66% of the program's clients.
**National average = 80
***Under a new contract (beginning FY 05), the hourly rate for services will increase by 20%. Staff predict that higher costs result in fewer hours purchased & fewer customers served. The cost per customer will also increase.

Source: Aging & Disability Services, November 2004

7. Coordination with Other Senior Programs

Home Care coordinates with the State Department of Human Resources office, the Area Office on Aging, and the In-home Aide Services Consumer Advisory Group (This advisory group consists of members of the Commission on Aging and Commission on People with Disabilities).

8. Strategic Planning Efforts and Future Challenges

There is no formal strategic plan for this program. In terms of future challenges, program staff report that with finite resources/funding and an increasing frail senior population, more service time and more resources will be required in the next five to ten years. In terms of the known current demand, as of September 30, 2004, Aging and Disability Services had 130 applicants on the wait list for personal care services, and 80 applicants on the wait list for chore services.

Staff also recommend that program funding needs to increase to cover the contractor's yearly adjustments for cost of living expenses (2% - 3%) in order to maintain the same level of purchasable services.

DEPARTMENT OF HEALTH & HUMAN SERVICES
(AGING AND DISABILITY SERVICES)

Program

MEDICAL ASSISTANCE OUTREACH AND LONG TERM CARE

1. Category of Service

CATEGORY #8: FISCAL, LEGAL, & OTHER SUPPORT

2. Program Goal

To authorize Medical Assistance benefits for the aged, blind, and disabled who reside in the community, hospital patients, institutions and group homes, and patients of DHHS' STD/HIV clinic.

3. Sources of Expenditure: FY 03, FY 04, and FY 05 Estimates*

Source of Expenditure	FY 03 Estimate	FY 04 Estimate	FY 05 Projected Estimate	% Change FY 03 - 05
County Funds**	$476,237	$629,172	$654,343	37%
Non-County Funds				
State Funds: • Department of Human Resources (HB 669)	$598,760	$523,270	$530,086	(11%)
Total	$1,074,997	$1,152,442	$1,184,429	10%

* The estimates shown in this table have been pro-rated for seniors (69%) and are based on the final budget appropriation approved by the County Council.

**A proportion of the County funding spent on this program is eligible for Federal Financial Participation (FFP) reimbursement. DHHS staff report that the amount of FFP received is not easily identifiable by program because of the complexity, scope, and requirements of the Department's Federal claim.

Source: Aging & Disability Services/OLO, November 2004

3 (a) Sources of Revenue

By way of contract, Aging and Disability Services places ten employees among nine medical facilities. The employees provide medical assistance outreach and eligibility determination for medically indigent hospital, medical and mental health clinics patients. Under the terms of the contract, the medical facilities hospitals pay half of the employee costs. The County claims Federal Financial Participation (FFP) matching funds for the other half. At the beginning of each fiscal year, the employees' costs show in Aging and Disability Services' operating budget as a general fund appropriation. The table below shows the amounts received for the past three fiscal years.

Source of Revenue*	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
• Hospital Reimbursement	$183,341	$191,187	$217,792	19%
• Federal Financial participation Match	$183,341	$191,187	$217,792	19%
Total	$366,682	$382,374	$435,584	19%

*The estimates shown in this table represent 69% of this program's total funding. Program staff estimate that 69% of the program's clients are seniors.

Source: Aging & Disability Services/OLO, November 2004

4. Description of Activities

Mandated by State law, the Medical Assistance Outreach and Long Term Care program provides individuals who are both financially eligible and medically fragile with a way to pay for the cost of care in a nursing home (or other long term care facility), hospital, medical, or mental health clinic. The facilities receive federal benefits for caring for the program participants.

To determine eligibility for the program, County employees and/or contract employees interview the individual and assist them in completing and processing applications. Clients must have eligibility re-determinations every twelve months. As of May 31, 2004, the caseload for both the Long Term Care and Outreach programs is approximately 2,683.[1]

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[1] According to staff, the program's caseload fluctuates day by day, as new applications are received and active cases are closed due to death or discharge from the facility.

The eligibility requirements[2] for the program are:

A. Persons must be a resident of Maryland, a U.S citizen or alien admitted for permanent residency who has lived in the United States as a qualified alien for at least 5 years. Also, the individual must meet one of the conditions listed below (COMAR 10.09.24.05)

- At least 65 years old
- Disabled[3]
- Blind
- Under 21 years old
- Caring for a related child in your home
- Pregnant
- The parents of an unmarried child under 21

B. **ASSETS:** The amount of assets permissible depends on the size of the family and applicable eligibility group. Assets are defined as cash, money in checking and saving accounts, credit union accounts stocks, savings bonds, trusts, annuities and any other money saved or invested. Assets also include other items, e.g., boats, trailers, real estate, insurance policies. Medicaid does not count a person's home or personal property (e.g., clothing, furnishings, car) as assets.

C. **INCOME:** The amount of income allowable depends on the size of your family and applicable eligibility group. Income can be derived from work, social security, unemployment checks or disability benefits, child support, retirement benefits or sick pay. Income can also be in the form of a gift.

For most of the Medicaid applicants in the Long Term Care and Outreach Program the following figures determine the income and asset level required for eligibility.

Family Size	Countable Monthly Income	Countable Assets
1	$350	$2500
2	$392	$3000
3	$434	$3100
4	$475	$3200
5	$521	$3300
6	$573	$3400

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[2] Eligibility requirements are set by COMAR. Assets are referenced in COMAR 10.09.24.08. Income is referenced in COMAR 10.09.24.07. Community is referenced in COMAR 10.09.24.05

[3] The definition of disabled appears in COMAR 10.09.24.02B. "Disabled" means a condition in which social and medical evidence, as reviewed by the State reviewing physician and social worker or the Social Security Administration, indicates that a person is unable to engage in any substantial gainful activity by reason of a physical or mental impairment, loss, disease, or combination of these, which can be expected to result in death or expected to last for a continuous period of 12 months or more (form DHR/IMA 739).

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5. Staffing/Contractual Arrangements

Staffing Arrangements. The program's FY 05 staffing complement includes 27.7 work years, involving the following 29 positions:

- A Manager (III);
- Three Income Assistance Program Supervisors;
- Twenty Income Assistance Program Specialists (II);
- Two Income Assistance Program Specialists (III);
- One Client Assistance Specialist; and
- Two Principle Administrative Aides.

Contractual Arrangements. Aging and Disability Services contract with four organizations: Hebrew Home of Greater Washington; Manor Care Health Services, Inc.; Montgomery Village Healthcare Center; and Adventist Senior Living. The 12-month contracts are non-competitively awarded.

6. Program Measures

Program Activity Data	FY 03 Estimate	FY 04 Estimate	FY 05 Estimate
Workload/Outputs*			
• Number of seniors screened	4,030	3,816	4,278
• Number of re-determination cases initiated**	907	1,268	1,035
Outcomes/Results			
• Number of seniors receiving Medical Assistance through the program	2,224	2,086	2,400
• Percent of applicants who receive Medical Assistance	88%	89%	88%
Service Quality:			
• Percentage of applications processed within 30 days	80%	97%	97%
Efficiency:			
• Average cost per screening	$127	$151	$138

**Workload/output estimates have been have been pro-rated for seniors, who represent 69% of the program's clients.
**Medical assistance long-term clients must have eligibility re-determination every 12 months.

Source: DHHS' Aging & Disability Services/OLO, November 2004

7. Coordination with Other Senior Programs

Program staff coordinate with Aging and Disability Services' Adult Waiver Program when a client is in need of applying for Community or Long Term Medical Assistance.

8. Strategic Planning Efforts and Future Challenges

There is no formal written strategic plan for this program. In terms of future challenges, program staff report that the potential for more clients will increase as the County senior population grows.

DEPARTMENT OF HEALTH & HUMAN SERVICES
(AGING AND DISABILITY SERVICES)

Program

OMBUDSMAN SERVICES

1. Category of Service

CATEGORY #1: PROTECTIVE/GUARDIANSHIP

2. Program Goal

To improve the quality of life for all residents living in licensed long-term care facilities by identifying, investigating, and resolving complaints made on behalf of the residents.

3. Sources of Expenditure: FY 03, FY 04, and FY 05 Estimates*

Source of Expenditure	FY 03 Estimate	FY 04 Estimate	FY 05 Projected Estimate	% Change FY 03 - 05
County Funds:	$64,886	$165,240	$180,607	178%
Non-County Funds:				
Federal Funds:				
• Title III (Older Americans Act)	$110,114	$109,229	$139,692	27%
State Funds:				
• Senior Ombudsman Grant	$311,000	$258,080	$258,080	(17%)
Total Non-County Funding	$421,114	$367,309	$397,772	(6%)
Total	**$486,000**	**$532,549**	**$578,379**	19%

*The estimates shown for County funds have been pro rated for seniors (98%) and is based on the final budget appropriation approved by the County Council. Title III funds have also been pro rated at 98%, but are based on the actual dollars received (as of November 2004). The Senior Ombudsman Grant amounts represent 100% of the money received as of November 2004.

Source: DHHS' Aging & Disability Services/OLO, November 2004

4. Description of Activities[1]

Mandated under the Federal Older Americans Act, this program investigates complaints by or on behalf of older persons in long-term care facilities, provides education, and coordinates community involvement in facility improvement. The Department relies heavily on volunteers to resolve complaints in both nursing homes and assisted living facilities.

Currently, the program is responsible for 35 nursing homes and over 130 licensed assisted living facilities for a total population of over 7,000 people. The minimum number of hours spent by staff or volunteers in each nursing facility is four hours per week. Staff/volunteers inspect all 35 nursing homes (weekly) and 130 licensed assisted living facilities (weekly, monthly, or quarterly depending on the size of the facility and the problems encountered).

5. Staffing/Contractual Arrangements

Staffing Arrangements. The program's FY 05 staffing complement includes 4.5 work years:

- Program Manager II (one work year)
- Program Manager I (one work year)
- Community Health Nurse II (one work year)
- Principal Administrative Assistant (one work year)
- Program Specialist II (half work year)

Contractual Arrangements. The Ombudsman Services program contracts with Senior Care Advocates to provide Ombudsman services for assisted living facilities. DHHS awarded the seven year contract competitively in 1997 at an annual cost of $132,131. 2,692 seniors reside at the assisted living facilities under the purview of the contractor.

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[1] Source: FY 02 IBR & Montgomery Measures Up!

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6. Program Measures

Program Activity Data	FY 03 Estimate	FY 04 Estimate	FY 05 Estimate
Workload/Outputs			
• Number of complaints received*	856	TBD	900
• Number of cases	635	TBD	700
Outcomes/Results			
• Percent of all complaints resolved	86%	TBD	90%
• Percent of serious complaints resolved	86%	TBD	90%
Service Quality			
• Average number of days to respond to a complaint	2.0	1.5	1.5
Efficiency			
• Cost per complaint received	$591	TBD	$654
• Number of volunteers providing service at least four hours per week	65	69	70

* An individual case can have multiple complaints associated with it, each of which is processed separately.

Source: Aging & Disability Services, November 2004

7. Coordination with Other Senior Programs

Program staff coordinate with the following programs to assist in the investigation and resolution of complaints, which ultimately leads to an improvement in the quality of care for long term care residents.

- Licensing and Regulatory Service (Public Health Services);
- Office of Health Care Quality (State Department of Health and Mental Hygiene);
- Adult Protective Services (Aging and Disability Services);
- Elder Abuse Unit (Montgomery County Police Department);
- Legal Aide Services for Seniors (Aging and Disability Services);
- Nursing Home Law Program (Legal Aide Bureau, Inc. of Maryland).[2]

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[2] Through the Legal Aide Bureau, Inc. of Maryland, the Nursing Home Program provides free legal assistance to financially eligible nursing home residents' anywhere in Maryland. The Nursing Home Program accepts requests for legal assistance from nursing home residents, family member, social workers, or others who are helping nursing home residents.

8. Strategic Planning Efforts and Future Challenges

There is no formal written strategic plan for this program. In terms of future challenges, the problems confronting long-term care facilities include shortages of facility employees, lack of training and supervision for the facility employees, and turnover. Program staff predict that the number of assisted living facilities will increase as the County's senior population grows.

Some of the obstacles facing the program include increasing problems in the delivering of quality health care and the inability to communicate with the residents speaking different languages admitted to long-term care. In the immediate short-term, staff plan to:

- Increase involvement of family and the community in improving care in long-term care facilities;
- Recruit more cultural diverse volunteers to meet the growing needs of the diverse population in the long-term care facilities.

DEPARTMENT OF HEALTH & HUMAN SERVICES
(AGING AND DISABILITY SERVICES)

Program

PUBLIC GUARDIANSHIP PROGRAM

1. Category of Service

CATEGORY #1: PROTECTIVE/GUARDIANSHIP

2. Program Goal

To provide surrogate decision-making and case management services to elderly persons and disabled adults when appointed by the Circuit Court to be their guardian.

3. Sources of Expenditure: FY 03, FY 04, and FY 05 Estimates*

Source of Expenditure	FY 03 Estimate	FY 04 Estimate	FY 05 Projected Estimate	% Change FY 03 - 05
County Funds:	$101,008	$117,789	$110,900	10%
Non-County Funds:				
State Funds:				
• Department of Human Resources (HB669)	$108,570	$97,198	$111,687	3%
• Guardianship Program	$53,550	$32,707	$32,707	(39%)
• Senior Care Grant	$223,350	$193,934	$193,934	(13%)
• Vulnerable Elderly Program Initiative	$62,184	$59,496	$53,627	(14%)
Total Non-County Funds	$447,654	$383,335	$391,955	(12%)
Total	**$548,662**	**$501,124**	**$502,855**	**(8%)**

*Refer to next page for assumptions and explanation of funding shown in this table.
Source: Aging & Disability Services/OLO, November 2004

Assumptions and Explanation of Funding. The Public Guardianship Program is one of four programs within the budget category of Continuing Case Management.[1] With exception of the Vulnerable Elderly Program Initiative, the amounts shown in the table on the previous page are based on a fraction (22%) of the total funding within that budget category. The fraction is derived from the proportion of Continuing Case Management workyears assigned to the Public Guardianship Program.[2] In addition, given that the Public Guardianship Program serves adults of any age, the amounts shown are also based on the proportion of program's clients who are seniors. Program staff estimate this proportion to be 80%.[3]

The County and HB669 estimates shown in the table on the previous page are based on the final budget appropriation approved by the County Council. All other funding shown is based on final grant awards (as of November 2004). Also, a proportion of the County's funding is eligible for Federal Financial Participation (FFP) reimbursement. DHHS staff report that the amount of FFP received is not easily identifiable by program because of the complexity, scope, and requirements of the Department's Federal claim.

4. Description of Activities

Authorized by Maryland law in 1977, the Guardianship Program provides adults who lack the physical or mental capacity to care for their basic needs with services sufficient to protect their health, safety, and welfare. The court determines whether a person is in need of a guardian.[4] The law requires that the Area Agency of Aging Director (a position within Aging and Disability Services) be the legal guardian of all seniors.

A public guardian is named only as a last resort and when the senior has no relative or friend willing and able to be the guardian. The guardian has the responsibility to ensure that appropriate care is provided to the senior, in the least restrictive environment with the highest quality of life possible. This usually entails making decision regarding living arrangements, medical care, and home care services. Institutionalization is the last resort and is used only if the supportive systems provided are not sufficient to sustain the senior in the community.

The County's Adult Public Guardianship Review Board reviews all regular public guardianship cases every six months. Every client is reviewed in person annually; he/she usually attends the hearing – health permitting – and is always represented by an attorney. The Board makes recommendations to the court as to how the care plan for each client should be modified, if needed, and whether or not the guardianship should be continued. Board members are appointed by the County Executive and confirmed by the County Council. According to staff, this review mechanism is noted as a national model to manage public guardian cases.

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[1] The others are: Adult Protective Services, Social Services to Adults, and Adult Evaluation and Review Services.

[2] Four of the 18 Continuing Case Management workyears are assigned to Public Guardianship program.

[3] The amounts shown for the Senior Care and Vulnerable Elderly Program Initiative grants are based on 100% of the final award.

[4] According to the law, a guardian is appointed if the court determines, from clear and convincing evidence, that the person lacks sufficient understanding or capacity to make or communicate responsible decisions concerning himself or herself, and no less restrictive form of intervention is available, which is consistent with the person's welfare and safety.

5. Staffing/Contractual Arrangements

Staffing Arrangements. Public Guardianship's FY 05 staffing complement consists of 4.5 workyears and involve the following positions:

- Program manager (G 25),
- Six full time Social Worker III's[5],
- One part-time (0.8 workyears) Social Worker III (G 24), and
- One Community Health Nurse II (G 23).

Contractual Arrangements. No services are provided by contract.

6. Performance Measures

Program Activity Data	FY 03 Actual	FY 04 Actual	FY 05 Estimated
Workload/Outputs*			
• Annual number of senior guardianship clients	61	72	74
• Annual number of APGRB hearings on senior guardianship client	76	88	94
Outcomes/Results			
• Percent of clients for whom the Adult Public Guardianship Review Board (APGRB) concurs with the continued need for a public guardian	100%	100%	100%
• Percent of clients for whom the APGRB concurs with the care plan recommended by the staff	100%	100%	90%
Service Quality			
• Average number of visits to clients per month	52	57	53
• Percent of court-appointed attorneys reporting satisfaction with guardianship services provided to clients	100%	90%	85%
Efficiency			
• Average cost per client	$6,953	$5,652	$5,582

* The output data shown in this table is based on 75% of the program's actual output. Program staff estimate that 80% of the program's clients are seniors.

Source: Aging & Disability Services, November 2004

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[5] Five of the social workers also provide case management services to continuing Adult Protective Services clients and SSTA clients. These staff also conduct some APS investigations.

7. Coordination with Other Senior Programs

The text below shows the various entities -- in addition to the other Aging and Disability services' programs – that Public Guardianship coordinate with on a regular basis.

Other DHHS programs. Crisis Center, Mental Health Services for Seniors, Emergency Services, Food Stamps, Energy Assistance, Medical Assistance, and Public Health Services Licensure and Certification, and Shelter System.

Other County Departments/Agencies. County Attorney's Office, Montgomery County Police Department (Elder Abuse Investigation Unit and Elder Abuse Review Committee), Montgomery County Sheriff's Department, Montgomery County Circuit Court – judges, their clerks and the Trust Office, Housing Opportunities Commission, and the State's Attorney's Elder Abuse Task Force.

Other State Agencies. State Department on Aging, State Department of Human Resources, and State Developmental Disabilities Administration.

Other organizations. Private home care agencies, Casey House, psychiatric facilities, including in patient and day treatment, Mental Health Association, Social Security Administration, private pensions, funeral homes and cemeteries, mental health providers, Alzheimer's Disease and Related Disorders Association., and the Commission on Aging.

Other professionals. Nursing home staff, hospital staff, private attorneys and attorneys for the five Montgomery County Hospitals, physicians, nurse practitioners, psychiatrists, private apartment managers, and language translators.

8. Strategic Planning Efforts and Future Challenges

No formal written strategic plan exists for the Public Guardianship program. In terms of future challenges, program staff report that the demand on the program will increase as the County's senior population grows. The table on the following page indicates that in the past eight years, senior guardianship wards have increased by 23%.[6] Program staff explain that this increase could be a result of wards outliving their family and friends and having no one to make decisions on their behalf when they are no longer able. As a result, the County is guardian of last resort in a higher number of cases.

Program staff note that despite the increase in wards, funding for the program has decreased for the past three years. Program staff recommend that program funding needs to correlate with the number of senior guardianship clients.

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[6]This increase has occurred despite intensive efforts by staff to implement a less restrictive care plan than public guardianship. Staff report that they have little control over who is assigned to Aging and Disability by the Circuit Court.

Calendar Year	Senior Guardianship Wards
1997	57
1998	60
1999	53
2000	60
2001	52
2002	55
2003	61
2004	70
Percent Change: 1997 - 2004	**23%**

Source: Aging & Disability Services/OLO, November 2004

DEPARTMENT OF HEALTH & HUMAN SERVICES
(AGING AND DISABILITY SERVICES)

Program

RESPITE CARE

1. Category of Service

CATEGORY #2: IN-HOME ASSISTANCE

2. Program Goal

To sustain seniors and disabled residents in the community by providing caregivers of individuals with developmental and functional disabilities temporary relief from care giving.

3. Sources of Expenditure: FY 03, FY 04, and FY 05 Estimates*

Source of Expenditure	FY 03 Estimate	FY 04 Estimate	FY 05 Projected Estimate	% Change FY 03 - 05
County Funds:	$107,012	$85,441	$91,828	(14%)
Non-County Funds:				
State Funds: • Department of Human Resources (HB669)	$219,967	$294,172	$355,124	61%
Total	**$326,979**	**$379,613**	**$446,952**	**37%**

*The estimates shown for County and HB 669 funds have been pro-rated for seniors (42%) and are based on the final budget appropriation approved by the County Council.

Source: DHHS' Aging & Disability Services, November 2004

4. Description of Activities

Established in 1999, the Respite Care program provides temporary and occasional care of frail elders and persons with disabilities to relieve families and other primary caregivers. The program connects families to agencies and/or independent respite care providers that can meet the specific needs of family members. Respite care is provided on a short-term periodic basis to give the family a break from continuous care giving. The program is a State program, administered by the County.

The program is currently provided under contract and consists of two components: 1) respite services that bring providers into the client's home; and 2) a respite house where people with disabilities go for limited overnight stays.

Eligible families may apply for the subsidy to pay the full or partial cost of the respite care up to 164 hours each fiscal year. Eligibility is based on a sliding scale pre-set by the State of Maryland.

5. Staffing/Contractual Arrangements

Staffing Arrangements. Because the program is provided under contract, only small amount of staff time is needed to administer the program. Therefore, no work years are allocated to this program.

Contractual Arrangements. In FY 01, Aging and Disability Services competitively awarded a contract to "Respite Services of Montgomery County – Arc of Montgomery County" to provide respite care services to County families. The contract defines respite as short-term services, ranging from a few hours per week to a few weeks per year, provided in the temporary absence of the regular caregiver. On average, respite care costs $10.56 per hour and individuals are eligible for 164 hours per fiscal year. In FY 04, the contractor served 24 seniors.

The contract is funded by both State and County dollars for a total annual cost of $1,027,066. The contract ends June 30, 2005 with 4 renewal times, 1 year each.

6. Program Measures

Program Activity Data	FY 03 Estimate	FY 04 Estimate	FY 05 Estimate
Workload/Outputs*			
• Number of customers receiving service	462	536	546
• Total hours of Level I respite care provided**	13,464	18,752	19,110
• Total hours of Level II respite care provided**	6,732	10,857	12,705
Outcomes/Results			
• Percent of families that report a reduction in stress/caregiver burden as a result of receiving respite services	89%	92%	90%
• Percent of customers that remain in the community	98%	91%	95%
Service Quality			
• Percent of families who report they are satisfied with respite services	90%	93%	90%
• Percent of families registered for respite services that actually use respite care during the fiscal year	85%	85%	80%
Efficiency			
• Average annual cost per family served	$665	$667	$782

*Workload/output estimates have been have been pro-rated for seniors, who represent 42% of the program's clients.

**Level I respite care involves personal or companion care; Level II care involves skilled nursing care.

Source: Aging and Disability Services, November 2004

7. Coordination with Other Senior Programs

Program staff coordinate with: Respite Services of Montgomery County (Arc of Montgomery Count Parent Organization); the Maryland Department of Human Resources Community Services; Maryland Department of Aging; Caregivers Resource Center; Seniors Services Network; and Montgomery County Commission on Aging.

8. Strategic Planning Efforts and Future Challenges

Aging and Disability staff plan to develop a strategic plan for the program in the near future. In terms of future challenges, program staff report that the program faces limited resources, restrictions on maximum number of hours allotted per family, and limited ability to communicate with families where English is not their primary language.

Aging and Disability Services staff believe that future efforts should continue to focus on outreach in minority communities and to persons with limited English proficiency. The program should also continue to focus on increasing the pool of qualified respite providers.

Program staff also recommend that the County needs to maintain or increase funding levels to meet the waiting list needs. As of September 30, 2004, 164 applications for Respite Services were on the program's wait list. Program staff anticipated that program costs will increase to $400K to $1.2M, in the next five to ten years.

DEPARTMENT OF HEALTH & HUMAN SERVICES
(AGING AND DISABILITY SERVICES)

Program

SENIOR COMMUNITY PROGRAM SERVICES

1. Category of Service

CATEGORY #8: FISCAL, LEGAL, & OTHER SUPPORT (73%)
CATEGORY #6: TRANSPORTATION (24%)
CATEGORY #4: NUTRITION (3%)

2. Program Goal

To provide a broad array of community services for frail seniors and individuals with disabilities to help them remain in their own home and in the community.

3. Sources of Expenditure: FY 03, FY 04, and FY 05 Estimates

See table on next page.

3(a) Sources of Revenue

Aging and Disability Services receives Federal Financial Participation funding for administrative costs associated with the County's participation in the Home and Community Based Waiver for Older Adults, known as Medical Assistance Long Term Care Waiver. In addition, the State provides Aging and Disability Services $405 for each completed Adult Evaluation and Review Services evaluation for the Medical Assistance and Long Term Care program.

Source of Revenue	FY 03 Actual	FY 04 Actual	FY 05 Projected	% Change FY 03 - 05
Federal Funds:				
MA Waiver Management/ Administrative	$295,405	$524,174	$399,560	35%
State Funds:				
Reimbursement for MA LTC Waiver*	$262,290	$173,085	$182,270	(31%)

*Amounts for the Reimbursement for MALTC Waiver are pro-rated for seniors at 75%

Source: Aging and Disability Services, November 2004

Sources of Expenditure: FY 03, FY 04, and FY 05 Estimates*

Source of Expenditure	FY 03 Estimated	FY 04 Estimated	FY 05 Projected Estimate	% Change FY 03 - 05
County Funds	$1,707,174	$1,332,709	$1,890,245	11%
Non-County Funds				
Federal Funds:				
• Title III Older Americans Act	$582,550	$577,866	$740,619**	27%
• Senior Health Insurance Counseling Program	$31,317	$34,291	$46,755	49%
• Medicaid Fraud & Abuse Education	$23,490	$16,036	$15,894	(32%)
• Elderly Refugees	$30,142	$34,291	$0	(100%)
• MD Performance Outcome Measures	$10,000	$0	$0	(100%)
State Funds				
• Department of Human Resources (HB669)*	$0	$0	$160,692	-
• MAW Admin & Case Management	$281,561	$197,050	$230,000	(18%)
• IT Grant	$8,500	$7,000	$7,000	(18%)
Total Non-County	$967,560	$866,534	$1,200,960	20%
Total	**$2,674,734**	**$2,199,243**	**$3,091,205**	**16%**

*The County and HB669 estimates shown in this table are based on the final budget appropriation approved by the County Council. All other funding shown is based on final grant awards. Note: A proportion of the County's funding is eligible for Federal Financial Participation (FFP) reimbursement. DHHS staff report that the amount of FFP received is not easily identifiable by program because of the complexity, scope, and requirements of the Department's Federal claim.

**$41K of this amount is provided to the Montgomery County Volunteer and Community Service Center for the delivery of Telephone Reassurance Program.

Source: Aging & Disability Services, November 2004

Senior Community Services Provided by Way of Contracts*

Program/Service	FY 03 Actuals			FY 04 Actuals			FY 05 Approved		
	County	Non-County	Total	County	Non-County	Total	County	Non-County	Total
Medicaid Waiver for Older Adults	281,570	985,606	1,267,176	579,080	362,050	941,130	601,590	332,740	934,330
Food and Friends	0	0	0	0	0	0	34,000	0	34,000
Grocery Shopping for Seniors	0	63,030	63,030		63,030	63,030		63,000	63,000
Program Transportation	681,350	0	681,350	685,170	0	685,170	527,980	98,000	625,980
Escorted Transportation	23,292	0	23,292	13,450	0	13,450	18,000	0	18,000
The Senior Connection	106,610	0	106,610	106,610	0	106,610	98,600	0	98,600
Interages	95,460	0	95,460	101,120	0	101,120	101,950	37,500	101,950
Senior Employment Aides	38,890	0	38,890	39,280	0	39,280	39,280	0	39,280
Internal Light	3,580	0	3,580	3,605	0	3,605	3,650	0	3,650
Legal Services for Seniors	0	76,830	76,830	0	76,830	76,830	0	76,830	76,830
Senior Health Insurance Counseling	51,670	23,030	74,700	42,806	24,860	67,666	45,443	34,300	79,743
Medicare Fraud and Abuse Prevention	0	23,490	23,490	0	16,040	16,040	0	16,040	16,040
Friendly Visiting for Seniors	67,630	6,000	73,630	68,300	6,000	74,300	68,300	9,217	77,517
Representative Payee	74,890	1,245	76,135	75,640	1,245	76,885	76,400	1,245	77,645
Total	1,424,942	1,179,231	2,604,173	1,715,061	550,055	2,265,116	1,615,193	668,872	2,246,565

* Note: The funding in this table is based on actual expenditures for the services listed.

Source: Aging and Disability Services, November 2004

4. Description of Activities

The senior Community Services program was established with the creation of DHHS as a unified department in 1995. Primarily through contracts, it provides a variety of services designed to keep seniors independent and in the community. These services and contracts include: Medicaid Waiver for Older Adults; Transportation for Seniors; and Other Fiscal, Legal, and Other Support Services.

- **Medicaid Waiver for Older Adults.** In January 2001, Maryland received a Waiver from the federal government that allows the State to use federal funds to provide services that help individuals remain in the least restrictive environment (their own homes, homes of family members, or assisted living facilities). The waiver (which is permanent, once granted) allows services that are typically covered by Medicaid only in a long-term care facility to be provided to eligible persons in their own homes or in assisted living facilities. Eligibility requirements for the waiver include: the applicant needs to be at least 50 years of age; the applicant's income level must be less $1,712 per month with no more than $2,000 in assets ($2,500 for some); and the applicant must need nursing home care.

    Proposed Community Choice Waiver. Program staff report that the Maryland Department of Health and Mental Hygiene will be applying in January 2006 to the federal government for a new waiver, the Community Choice Waiver, under the Medicaid program. This new waiver would place into managed care all Medicaid recipients aged 65 years and older, all younger persons with disabilities, and all persons with mental illness. The waiver will have far-reaching implications for many HHS populations, and possibly some Aging and Disability programs. At the time of this writing, the Department does not know how the new waiver may affect the existing Medicaid Waiver for Older Adults currently administered by the Area Agency on Aging. The projected start date of this new program is late 2006.

- **Transportation for Seniors.** Senior Community Services program funds three transportation for seniors programs: Program Transportation, Escorted Transportation, and The Senior Connection.

    Program Transportation -- Implemented more than 20 years ago, Program Transportation provides transportation during the mid-day from seniors' homes to senior centers, community centers, and grocery stores. DPWT manages a contract with First Transit to provide the service via Ride-On buses during off-peak hours. DHHS coordinates trips to grocery stores, and the Department of Recreation coordinates trips to senior and community centers. Seniors 55 years and older are eligible. However, most of the Program Transportation users are frail, unable to drive, and 70 years of age and older.

    The Senior Connection – DHHS contracts with the Senior Connection (TSC) for assisted/escorted car transportation. TSC is a non-profit organization serving seniors in Bethesda, Chevy Chase, Cabin John, Potomac, Kensington, Silver Spring, and Garrett Park. In 1994, TSC also began serving seniors in Gaithersburg City (transporting to and from the senior center). The program provides free assisted/escorted transportation

center). The program provides free assisted/escorted transportation services through volunteer drivers. Volunteers transport the seniors to medical appointments, grocery stores, and other locations (e.g., church, post office, and beauty parlor), with priority given to medical appointments. Volunteers use their own cars and receive no reimbursement. The County dollars fund portions of the Executive Director and Administrative Assistant salaries. TSC is designated as an entity for non-competitive contract award for this transportation service. TSC is the result of an FY 04 merger between the Seniors' Interfaith Resource Center, Inc. and Allied Silver Spring Interfaith Services for Seniors Today, two independent entities, both of which were designated recipients of non-competitive contract awards from the County.

Escorted Transportation – Private vendors transport clients to medical and other appointments, and stay with them throughout their visit. This function would otherwise be provided by Aging and Disability social workers. DHHS maintains an open solicitation that allows providers of this service to participate.

- **Fiscal, Legal, and Other Support.** The Senior Community Services program also provides the following fiscal, legal, and other support services.

  Grocery Shopping for Seniors -- Trained volunteers recruited by the American Red Cross assist frail seniors with weekly grocery shopping, by shopping for them, or escorting them to the store.

  Interages --This program provides intergenerational programming focusing on education, mentoring, and self-esteem building activities between seniors and youth (K-12).

  Senior employment aides -- This program provides subsidized employment with non-profit agencies for low-income seniors. The program is operated by the Jewish Council for the Aging.

  Internal light -- This program provides Up-County low-vision seniors an opportunity to socialize twice a month at the Gaithersburg Community Center. The program is operated by Jewish Community Center of Greater Washington.

  Legal services for seniors -- A contractor provides legal advice and consultation to seniors, regardless of income.

  Senior health insurance counseling -- This program provides trained volunteers to assist seniors with health insurance claims, selection of supplemental health insurance, and securing legal support for health insurance problems. The program is operated by the University of Maryland, Cooperative Extension Service Network.

Friendly visiting for seniors -- This program recruits and trains volunteers to visit homebound and nursing home residents. The program is operated by the Mental Health Association of Montgomery County.

Representative payee -- This program recruits and trains volunteers to assist at-risk elderly County residents with the payment of bills with Social Security money. The program is operated by the Mental Health Association of Montgomery County.

Grocery shopping for seniors -- This program recruits and trains volunteers to assist seniors who cannot afford to pay for a delivery service or who live in an area where there is no private service. The program is operated by the American Red Cross (Montgomery County Chapter). The Red Cross also use Top Banana Home-Delivered Groceries.

Food and Friends -- This program prepares and delivers daily meals featuring menus designed to combat symptoms and side effects common to clients living with chronic illnesses. The program also provides nutritional counseling.

5. Staffing/Contractual Arrangements

Staffing Arrangements. The programs FY 05 staffing complement includes 19.1 workyears (20 positions):

- 1 Manager II
- 1 Manager I
- 1 Program Manager II
- 2 Program Managers I
- 1 Program Specialist
- 7 Social Workers
- 2 Community Health Nurses
- 1 Client Assistance Specialist
- 2 Office Services Coordinator
- 2 Principle Administrative Aide

Contractual Arrangements. The tables on the following three pages list the contractors used to deliver program services. For each contract, the table shows:

- Whether the contract was awarded competitively or non-competitively;
- The initial year of funding;
- The FY 05 funding level and percent change from FY 03;
- Whether the source of funding is County or non-County;
- Contract length; and
- Number of seniors served.

An Inventory of County Government Programs Designed to Serve Seniors

Name of Provider	Award Type	Initial Year Funded	FY 05 Funding Level	% Change (FY 03-05)	Source of Funds	Service Description	Contract Length	Number of Seniors Served FY 04	Number of Seniors Served FY 03
Senior Connection of Montgomery County	Non-Competitive	FY 00	$106,614	8%	County General Fund	Volunteers provide a variety of supportive services for seniors, including escorts to the doctor, grocery store, or other errands; in-home friendly visits; and respite care.	Year to year	797[1]	1,315
Jewish Council for the Aging – Senior Aide Program	Non-Competitive	FY 94	$39,282	1%	County General Fund	Job training/counseling leading to federally subsidized, short-term, minimum wage job placements. Goal is placement in unsubsidized jobs paying more than minimum wage.	Year to year	57	65
Jewish Community Center – Internal Light Program	Non-competitive	FY 94	$3,651	2%	County General Fund	Teaches daily living skills and fosters confidence and independence for vision impaired, low income seniors living upcounty. Program pays for taxi and bus transportation to monthly educational/skill-building meetings and trips.	Year to year	11	12
American Red Cross – Grocery Shopping Program	Competitive	FY 89	$63,026	0%	Federal Grant	Volunteers provide grocery shopping services for frail seniors, including delivery service to home and escorts to the grocery store.	4 years	140	142

[1] In FY 04 the provider changed its counting methodology for the number of seniors served.

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An Inventory of County Government Programs Designed to Serve Seniors

Name of Provider	Award Type	Initial Year Funded	FY 05 Funding Level	% Change (FY 03-05)	Source of Funds	Service Description	Contract Length	Number of Seriors Served	
								FY 04	FY 03
Legal Aid Bureau – Legal Services for Seniors	Non-Competitive	FY 90	$76,630	0%	Federal Grant	Provides free legal services for seniors, primarily concerning access to income, housing, and healthcare; conservation/management or resources and personal freedoms; and health insurance claims appeals. Statewide Legal Aid Bureau 800 number refers callers to services in the appropriate jurisdiction.	Year to year	230 (est.)	211
Interages	Non-Competitive	FY 87	$101,954	1%	County General Fund and MCPS	Intergenerational programming focusing on education, mentoring, and self-esteem building activities between seniors and youth (K-12). Programming occurs in public school settings and senior facilities.	Year to year	85 - 147	52 - 120
Mental Health Association – Friendly Visitor Program	Competitive	FY 94	$77,523	5%	County General Fund and Federal Grant	Volunteers visit seniors in their homes to provide companionship and to check in on isolated seniors. Negative changes in well-being are reported to the vendor, who alerts the clients' social worker.	4 years	129	133

An Inventory of County Government Programs Designed to Serve Seniors

Name of Provider	Award Type	Initial Year Funded	FY 05 Funding Level	% Change (FY 03-05)	Source of Funds	Service Description	Contract Length	Number of Seniors Served	
								FY 04	FY 03
Mental Health Association – Representative Payee Program	Competitive	FY 94	$77,644	2%	County General Fund and Federal Grant	Provides trained and certified volunteer Representative Payees to help people manage social security income. Program has a close partnership with the Social Security Administration to screen and train volunteers.	4 years	43	34
University of Maryland Cooperative Extension Service/Senior Health Insurance Program/ Curbing Abuse in Medicare and Medicaid	Non-Competitive	FY 97	$101,031	(15%)	County General Fund, Federal Funds, and State Grant.	Volunteers provide health insurance counseling and information on Medicare eligibility, pharmacy benefit programs, claim filing, long-term care insurance, and other types of health benefits.	Year to year	3000	3800

6. Program Measures

a) Medicaid Waiver for Older Adults

Program Activity Data	FY 03 Actual	FY 04 Actual	FY 05 Budget
Workload/Outputs			
• Number of new customers approved for waiver services	209	61	80
• Number of nursing assessments performed	678	454	364
Outcomes/Results			
• Percent of seniors for whom nursing home placement is prevented or delayed by six months or more	77.4%	84%	80%
• Amount of federal and State funds provided to County residents for services	$8,180,000	$12,357,000	$11,550,000
Service Quality			
• Percent of nursing assessments completed within 10 days	85%	84%	90%
• Percent of customers reporting satisfaction with the program	95%	98%	95%
Efficiency			
• Average cost per customer	$1,580	$1,489	$2,587

Source: Aging & Disability Services, November 2004

b) Program Contracts

According to staff, while vendors have been providing measures of their programs, DHHS has just begun requiring summary measures for both results and service quality. DHHS expects to report outcomes for 100% of the contracts by the end of FY 05.

7. Coordination with Other Senior Programs

The contractual programs housed under Senior Community Services are made available to Aging and Disabilities staff for their clients. This is especially true for the Information and Assistance intake workers, for which these programs represent a primary resource. A contractual requirement of these programs, however, is that they must accept referrals from other programs and organizations in the community, such as private nursing or social work firms, and local non-profits.

8. Strategic Planning Efforts and Future Challenges

This program will continue to develop/refine services that support the needs of a growing and increasingly elderly senior population.

DEPARTMENT OF HEALTH & HUMAN SERVICES
(AGING AND DISABILITY SERVICES)

Program

SENIOR INFORMATION AND ASSISTANCE

1. Category of Service

CATEGORY #8: FISCAL, LEGAL, AND OTHER SUPPORT

2. Program Goal

To provide a single point of entry into the service for seniors and to promote awareness of services for the elderly through outreach and public education.

3. Sources of Expenditure: FY 03, FY 04, and FY 05 Estimates*

Source of Expenditure	FY 03 Estimate	FY 04 Estimate	FY 05 Projected Estimate	% Change FY 03 - 05
County Funds:	$309,858	$352,781	$468,992	51%
Non-County Funds:				
Federal Funds:				
• Title III (Older Americans Act Grant)	$217,117	$215,370	$276,546	27%
State Funds:				
• Department of Human Resources (HB 669)	$211,996	$182,018	$182,942	(14%)
• Senior Information & Assistance Grant	$78,888	$78,888	$72,926	(8%)
Total Non-County	$508,001	$476,276	$532,414	5%
Total	**$817,859**	**$829,057**	**$1,001,406****	**22%**

*The County and HB669 estimates shown in this table are based on the final budget appropriation approved by the County Council. All other funding shown is based on final grant awards. Note: A proportion of the County's funding is eligible for Federal Financial Participation (FFP) reimbursement. DHHS staff report that the amount of FFP received is not easily identifiable by program because of the complexity, scope, and requirements of the Department's Federal claim.
**FY 05 expenditure increase reflects program realignment/reorganization.
Source: Aging & Disability Services, November 2004

4. Description of Activities[1]

The Senior Information and Assistance program provides a single point of entry into the senior system for older residents, their families, and caregivers. The Federal Older Americans Act mandates the provision of information and assistance to seniors in each jurisdiction nationwide.

Through this program seniors receive information on services, referrals to appropriate agencies, and assistance in obtaining services and benefits. Individuals can also report suspected cases of abuse, neglect, and financial exploitation.

Staff screen calls to determine service needs. Staff also visit clients at Senior Centers and at their homes to assist them with needs that do not require an in-depth assessment and care (for example, completing applications for transportation programs). Program staff refer cases that indicate a person may be in danger or require extensive services to Adult Protective Services.

5. Staffing/Contractual Arrangements

Staffing Arrangements. The FY 05 staffing complement for the Information and Assistance program is 7.9 work years. The following positions staff both the Senior Information and Assistance program and Aging and Disabilities general Information and Assistance program.

> Manager III (one work year)
> Community Health Nurse (one work year)
> Social Worker III (two and a half work years)
> Client Assistance Specialist (eight and a half work years)
> Office Service Coordinator (one work year)
> Public Administrative Assistant (two work years)

Contractual Arrangements. There are no services provided by way of contract.

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[1] Source: FY 02 IBR & Montgomery Measures Up!

6. Performance Measurement Data

Program Activity Data	FY 03 Actual	FY 04 Actual	FY 05 Estimated
Workload/Outputs			
• Number of seniors served	2,877	3,293	3,295
Outcomes/Results			
• Percent of individuals who reported receiving information to make informed choices about services & benefits	85%	80%*	90%
Service Quality			
• Percent of customers satisfied with service	94%	73%	94%
Efficiency			
• Average cost per client contact ($)	$187	$174	$189

Source: DHHS' Aging & Disability Services, November 2004

7. Coordination with Other Senior Programs

The Senior Information and Assistance program coordinates with the:

- Jewish Council for the Aging;
- Senior Help Line;
- Nationwide Elder Care Locater;
- Alzheimer's Associations and other senior related associations;
- Mental health services for seniors;
- Hospice; Nursing homes, group homes, and adult day care centers;
- Department of Recreation (Senior Centers);
- Transportation programs;
- In-home health agencies;
- Various care management programs/caregiver support programs, financial services and tax assistance organizations, and employment sources for seniors;
- Other Aging and Disability Services programs including Respite Care, Senior Nutrition program, and Senior Community Services (grocery shopping, legal assistance); and
- Foreign born services.

8. Strategic Planning Efforts and Future Challenges

There is no formal written strategic plan for this program. In terms of future direction, Aging and Disability Staff report that Aging and Disability Services is currently reorganizing the operation of the Information and Assistance Unit. At the time of this writing, management staff plan to separate the case intake function of the Unit, and have the Senior Information and Assistance Program provide the information and referral/simple assistance for seniors.

DEPARTMENT OF HEALTH & HUMAN SERVICES
(AGING AND DISABILITY SERVICES)

Program

SENIOR NUTRITION PROGRAM

1. Category of Service

CATEGORY #4: NUTRITION

2. Program Goal

To maintain and/or improve the nutritional health of seniors.

3. Sources of Expenditure: FY 03, FY 04, and FY 05 Estimates*

Source of Expenditure	FY 03 Estimate	FY 04 Estimate	FY 05 Projected Estimate	% Change FY 03 - 05
County Funds**	$133,035	$133,035	$157,697	19%
Non-County Funds***				
Federal Funds: • Title III (Older Americans Act)	$753,588	$747,796	$958,796	27%
State Funds: • Meals State Grant	$88,323	$97,337	$97,537	10%
Total Non-County	$841,911	$845,133	$1,056,333	24%
Total	$974,946	$978,168	$1,214,030	25%

* The estimates shown in this table have been pro-rated for seniors (98%).
** The County funding shown is the final budget appropriation approved by the County Council.
***The non-County funds represent actual dollars received (as of November 2004).

Source: Aging & Disability Services/OLO, November 2004

3 (a) Sources of Revenue

The program receives voluntary contributions from persons 60 years of age and over (and their spouses of any age) toward the cost of the meal. Non-eligible guests pay the full cost of the meal. The table below shows the amount of revenue received for the past three fiscal years.

Source of Revenue	FY 03	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
Nutrition Services Incentive Program Reimbursement	$90,125	$99,323	$99,323	10%

Source: Aging and Disability Services, November 2004

4. Description of Activities

In 1972, the Senior Nutrition Program was added to the Federal Older Americans Act. In the mid-1970s Montgomery County established a Senior Nutrition Program as a small project/pilot. The Senior Nutrition Program provides nutritious meals, with opportunities to socialize in settings where senior programs and other services are available. In addition, the program provides home-delivered meals to homebound seniors and adults with disabilities.

The program funds:

- Traditional meals for seniors at 15 congregate sites;
- Ethnic meals for seniors at 11 congregate sites;
- Lunch meals to seniors at six non-profit adult day programs;
- One meal a day, 365 days a year, for persons living in subsidized congregate housing services programs at four locations in the County; and
- Home delivered nutrition services by non-profit and private providers.

Persons 60 years of age and over, and their spouses of any age are eligible to receive a meal for a voluntary contribution toward the cost of the meal. Non-eligible guests pay the full cost of the meal. By following the dietary guidelines for Americans, program staff develop the menu to ensure that each meal meets one-third of the recommended dietary allowances for adults.

Congregate Nutrition Sites. Under a Memorandum of Understanding, DHHS utilizes MCPS' School Food Services to prepare meals for 14 of the 15 congregate sites. MCPS prepares the meals off-site and transports the food to congregate sites. MCPS bills the County monthly. At the Gaithersburg Senior Center, meals are prepared on site. Bus transportation to certain congregate sites is provided through a contract, coordinated with the Department of Recreation and Public Works and Transportation Departments. In addition, the City of Rockville and City of Gaithersburg provide transportation to their senior centers.

Ethnic Food Program. The County contracts with five non-profit organizations to provide ethnic meals at eleven sites. Program staff approve the menus for the ethnic food program. Some of the organizations provide transportation to some sites.

The non-profit organizations arrange with other vendors to prepare the food. For example,

- The Jewish Community Center has an agreement with the Hebrew Academy to prepare Kosher meals offered at three sites.
- The Fellowship Senior Center has an agreement with a restaurant to provide meals at one site.
- The Korean American Senior Citizens Association of Maryland has an agreement with a local restaurant to provide meals at three sites.
- The Chinese Culture and Community Service Center Maryland has agreements with local restaurants to provide meals at three sites.
- The Vietnamese Senior Association of Maryland has an agreement with a local restaurant to provide meals at one site.

Adult Day Care Programs. The program supports the cost of lunches served to seniors at six sites. The contractors provide the meals. Three contractors obtain meals from MCPS Food Services; two contractors obtain meals from food service companies that operate in the same building; and one contractor prepares meals on site.

Home Delivered Meals. The program refers requests for home delivered meals to eleven Meals on Wheels (MOWs), each of which serves a separate area of the County. The program cooperates with two of the MOWs to provide MCPS meals for drivers to deliver, and arranges for MCPS meals to be delivered to two senior apartment buildings with low income residents. Five of the MOWs obtain meals from food services at Holy Cross, Greater Laurel and Washington Adventist Hospitals and Asbury Methodist Home. Three MOWs prepare meals at churches or have their own food service operation. Kosher meals are obtained from the Hebrew Academy.

In FY 2002, the County Council began appropriating funds ($75,000 annually) to expand home delivered meals to areas of the County where there was no service and to provide meals for disabled persons under 60 years who need home delivered meals but are unable to pay for them. This effort was recognized with a National Association of Counties 2003 Achievement Award. Since FY 03, these additional funds have allowed the delivery of nearly 9,000 meals to seniors at an average cost of $6.30 per meal and over 23,000 meals to disabled persons at an average cost of $2.59 per meal.

5. Staffing/Contractual Arrangements

Staffing Arrangements. The program's FY 05 staffing complement consists of 3.0 workyears, including a fulltime Program Manager II (Senior Nutrition Program Director), a fulltime Program Manager I (Nutritionist), and a fulltime Office Services Coordinator.

Contractual Arrangements. The large table below lists current contract providers and associated costs. The contracts shown were non-competitively awarded, except Shelter Properties. In addition, the program pays the Housing Opportunities Commission, Rockville City Council, Department of Recreation, and Shelter Properties for on-site management of the program (taking reservations, ordering and serving meals, recording service). These entities operate the sites for which they hire and supervise nutrition site managers and they also provide senior programs at the sites; the program trains staff, monitors sites, conducts nutrition education and counseling. The table directly below shows the associated costs.

Organization	Site Management hours	Cost per Hour	Total
Housing Opportunities Commission	4,160	$9.00	$37,440
Shelter Properties, LLC	700	$9.00	$6,300
Rockville City (Senior Center)	950	$9.00	$8,550
Department of Recreation	5,352	$9.45	$5,643

Source: Aging and Disability Services, November 2004

Senior Nutrition Program -- 2005 Contracts

Contractor	First Year Funded	Number of Meals	Cost per Meal	Other Costs	Total Cost
Gaithersburg City (for Senior Center)	1994	10,000	$4.50	$6,615	$51,615
Chinese Culture & Comm. Service Center	2000	12,470	$4.20		$52,374
Fellowship Senior Center	2004	5,000	$4.30		$21,500
Jewish Community Center (3 sites)	1989*	12,000	$4.20		$50,400
Korean Amer. Senior Citizens Assoc., Inc.	1991	12,000	$4.20		$50,500
Korean Fellowship Senior Center	2004	5000	$4.30		$21,500
Vietnamese Sr. Assoc. of Maryland,Inc	1992	2300	$4.30		$9,980
Bethesda Fellowship House**	1998	4,200	$4.00		$16,800
Holy Cross Hospital Adult Day Care**	1998	2,400	$4.00		$9,600
Misler Jewish Sr. Day Program	1989*	7,400	$4.00		$29,600
ShadyGroveAdventist HospAdultDayCare	1989*	1,800	$3.72		$6,696
The Support Center**	1998	3.500	$4.00		$14,000
Winter Growth**	1998	6,000	$4.00		$24,000
Shelter LLC at Leafy House	2002*	12,500	$3.50		$43,750
Shelter LLC at Takoma Tower	2003*	4,000	$3.50		$14,000
NCBBAH Corporation (Homecrest)	1989*	13,500	$3.50		47,750
Springvale Terrace, Inc.	1989*	14,100	$3.50		$51,800
J & R Associates (in process)	2005	4650	$3.20		$14,880
Gaithersburg MOW	1997	12,000	$2.47		$32,488
MOW of Central Maryland, Inc.	2000	6,200	$5.24		$32,488
JSSA MOW	1989*	23,000	$4.50		$103,500

*First year is unknown; contracts were in place in 1989, when program director began with Montgomery Co. Before 1989 and until 2003, Leafy House and Takoma Tower meals were paid under contracts with HOC and Revenue Authority. ** Four adult day cares received MCPS meals, paid by the program, when program director began with Montgomery Co. In 1998, all adult day cares began contracts under an Open Solicitation

6. Program Measures

Program Activity Data	FY 03 Actual	FY 04 Actual*	FY 05 Estimated
Workload/Outputs			
• Number of unduplicated seniors served	4,517	4,395	4,580
• Number of congregate meals served	196,833	208,986	223,370
• Number of home-delivered meals served	57,922	68,692	76,200
• Number of nutrition education programs	307	267	200
• Number of individuals nutritional risk surveys conducted	914	450	500
Outcomes/Results			
• Percent of customers who report increase in social contacts	64%	TBD	65%
• Percent of customers who report an improvement in diet	45%	TBD	50%
Service Quality			
• Percent of customers reporting satisfaction with meals	86%	TBD	80%
• Percent of customers reporting satisfaction with the social environment at nutrition sites	91%	TBD	90%
• Percent of customers reporting satisfaction with activities offered at nutrition sites	74%	TBD	80%
• Percent of nutrition sites that provide transportation assistance	54%	TBD	55%
Efficiency			
• Average cost per congregate meal	$4.86	$4.59	$5.05
• Average cost per home-delivered meal	$5.81	$5.66	$5.88

Source: Aging & Disability Services, November 2004

7. Coordination with Other Senior Programs

Program staff report that they coordinate with: Department of Public Works and Transportation, Senior Information and Assistance, Public Guardian Program and Adult Protective Services, the County's Volunteer Center, Department of Recreation, Montgomery County Public Schools; and Fire and Rescue plus various non-profit organizations (e.g., Rebuilding Together, Red Cross Grocery Shopping for Seniors).

8. Strategic Planning Efforts and Future Challenges

There is no written strategic plan for this program. Although no seniors are on a wait list for this program, program staff are concerned about increasing program costs with uncertain funding. Program staff also report an increase in demand for nutrition services among ethnic groups and homebound seniors. Program staff believe that administrative costs and per meal costs will increase between 30% to 50% in the next five to ten years.

DEPARTMENT OF HEALTH & HUMAN SERVICES
(AGING AND DISABILITY SERVICES)

Program

SOCIAL SERVICES TO ADULTS (SSTA)

1. Category of Service

CATEGORY # 1: PROTECTIVE/GUARDIANSHIP

2. Program Goal

To protect the frail elderly and adults with disabilities from abuse, neglect, self-neglect, exploitation, or inappropriate institutionalization by providing them with evaluative, transitional, and social services that allow them to remain safely in the community.

3. Sources of Expenditure: FY 03, FY 04, and FY 05 Estimates*

Source of Expenditure	FY 03 Estimate	FY 04 Estimate	FY 05 Projected Estimate	% Change FY 03 - 05
County Funds:	$374,634	$439,056	$403,095	8%
Non-County Funds:				
State Funds:				
• Department of Human Resources (HB669)	$341,598	$301,179	$316,613	(7%)
• Senior Care Grant	$223,350	$193,934	$193,934	(13%)
Total Non-County Funds:	$564,948	$495,113	$510,547	(10%)
Total	**$939,582**	**$934,169**	**$913,642**	**(3%)**

*See next page for explanation and assumptions of funding shown in this table.

Source: Aging & Disability Services/OLO, November 2004

Assumptions and Explanation of Funding. Social Services to Adults is one of four programs funded through two budget categories: Assessment Services and Continuing Case Management.[1] The amounts shown in the table on the previous page are based on a fraction of the total funding within these two budget categories: 18% of Assessment Services and 44% of Continuing Case Management. These fractions derive from the proportion of Assessment Services and Continuing Case Management workyears assigned to SSTA.[2]

In addition, given that the Social Services to Adults serve adults of any age, the amounts shown are also based on the proportion of program's clients who are seniors. Program staff estimate this proportion to be 75%.[3]

The County and HB669 estimates shown in this table are based on the final budget appropriation approved by the County Council. All other funding shown is based on final grant awards. A proportion of the County's funding is eligible for Federal Financial Participation (FFP) reimbursement. DHHS staff report that the amount of FFP received is not also easily identifiable by program because of the complexity, scope, and requirements of the Department's Federal claim.

4. Description of Activities

Social Services to Adults is a State program administered by the County. The program is mandated by COMAR Title 07, Chapter 13. Clients are typically referred to the program via Aging and Disability Services Information and Assistance Unit.

Recipients receive assessment, care planning, and short-term case management services designed to achieve or maintain self-sufficiency, provide economic support, and prevent maltreatment and inappropriate institutionalization. Individuals with continued high need for services at the end of the assessment period continue case management services. Examples of services provided through the program include:

- In-home aide services;
- Assistance in coordinating alternative living arrangements; and
- Assistance to individuals negotiating the system of senior services, including assistance with the completion of insurance forms, reconsideration benefits, and/or service applications.

Adults (18 years and older), who are functionally disabled due to physical/mental impairments are eligible for services. Aged (65 years of age and older) adults are also eligible for Crisis Intervention or Care Management Services without regard to income. Persons below 65 years of age, are eligible for services provided the adult's income does not exceed 80% of the State median income.

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[1] The others are: Adult Protective Services, Adult Evaluation and Review Services and the Public Guardianship Program.
[2] Of the 22 Assessment workyears, four are assigned to SSTA; and of the 18 Continuing Case Management workyears, eight are assigned to SSTA.
[3] The amounts shown for the Senior Care grant are based on 100% of the final award.

Senior Care. Included in the Social Services to Adults Program is Senior Care. The purpose of Senior Care is to assist persons 65 years or older who are at risk of entering a nursing home to remain safely in the community for as long as possible. The program provides an assessment of individual's needs, a case manager to secure and coordinate services, and a pool of gap-filling funds to purchase services for individuals who meet program eligibility requirements. The eligibility requirements for the program are:[4]

- Persons must be at least 65 years of age,
- Persons must be severely or moderately disabled as defined by the Statewide Evaluation & Planning Services (STEPS),
- Persons must currently live in the jurisdiction where services will be provided, and
- Person must be at risk of institutionalization to be determined by the assessment/evaluation.

The Gap-filling funds/services provided through Senior Care cover

- Adult day care (two days maximum at $56 per day),
- Prescribed medications,
- Medical Insurance co-payments (including hospitalizations),
- Medical and dental care not covered by insurance,
- In-home aide services (up to $8.00 per hour for 15 hours a week),
- Durable and disposable medical supplies,
- Transportation to medical appointments,
- Home delivered meals; and
- Eyeglasses, hearing aides, and similar devices.

5. Staffing/Contractual Arrangements

Staffing Arrangements. SSTA's FY 05 staffing complement consists of 12.25 work years. The staffing complement includes:

- Manager - Grade 25 (one full-time),
- Social Worker IIIs - Grade 24 (nine full-time and one part-time),
- Public Administration Assistant (one full-time), and
- Fiscal Clerk (one part-time).

Due to the larger than anticipated growth in the Medicaid Waiver for Older Adults program, two social work staff were reassigned from SSTA to the Medicaid Waiver program in FY 05. As a result, staff from other Aging and Disability Services programs will rotate as needed to SSTA cases.

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[4] The Maryland State Office on Aging sets the eligibility criteria for this program.

Contractual Arrangements. Program staff liaise with In-Home Aide Services staff to coordinate services provided by contractors. The program currently relies on contractors to deliver in-home aide services to approximately 100 clients on an on-going basis

6. Program Measures

Program Activity Data	FY 03 Actual	FY 04 Actual	FY 05 Estimated
Workload/Outputs*			
Assessment Services			
• Number of service requests received from seniors	338	469	450
• Number of assessments conducted	300	394	394
• Number of cases referred to continuing case management	90	104	68
Continuing Case Management			
• Number of visits with clients	1,251	691	750
• Number of clients served	312	278	300
Outcomes/Results			
• Percent of clients with low to moderate risk of neglect, self neglect, or abuse	NA	52%	66%
• Percent of clients with the level of services they need	NA	82%	85%
• Percent of clients continuing to live in the community once year after service is initiated	NA	61%	75%
Service Quality			
Assessment Services			
• Average number of days to initiate cases	NA	4.9	TBD
Continuing Case Management			
• Percent of clients reporting satisfaction with services	NA	84	90
• Average caseload (cases per staff member)	52:1	45:1	48:1
Efficiency			
• Average number of assessments per worker per month	9	8	8
• Continuing cases per staff member ration	21:1	25:1	28:1

* The output data shown in this table is based on 75% of the program's actual output. Program staff estimate that 75% of the program's clients are seniors.
Source: Aging & Disability Services, November 2004

7. Coordination with Other Senior Programs

Program staff report that they coordinate with most other Aging and Disability Services programs, including AERS, APS, Guardianship, Adult Foster Care, IHAS, waiver programs, and Respite Care. Services are also coordinated with adult day care providers, private attorneys, escorted transportation providers and numerous other senior services providers in Montgomery County.

8. Strategic Planning Efforts and Future Challenges

No formal written strategic plan exists for the SSTA program. In terms of future challenges, program staff report limited decrease in SSTA staff, insufficient funding for personal care services, limited mental health services to seniors. As of September 30, 2004, Aging and Disability Services had 33 applicants on the wait list for SSTA services and 92 applicants on the wait list for Senior Care services.

Department of Health and Human Services
(Public Health Services)

Program

ASSISTED LIVING FACILITIES[1]

1. Category of Service

CATEGORY #1: PROTECTIVE/GUARDIANSHIP

2. Program/Activity Goal

To ensure the health and safety of residents in assisted living facilities by monitoring compliance with the State regulations.

3. Sources of Expenditure: FY 03, FY 04 Actuals, and FY 05 Approved

Source of Funding	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
County Funds	$87,513	$90,445	$116,821	25%
Non-County				
State Funds: Group Seniors Assisted Housing*	$45,570	$40,920	$46,435	2%
Total	$133,083	$131,365	$163,256	23%

Source of Revenue	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
County licensure fees	$49,570	$49,530	$45,900	(8%)
Total	$49,570	$49,530	$45,900	(8%)

*Each year, Aging and Disability Services passes 10% of their Senior Group Assisted Housing Grant funds to help fund the personnel expenses for this program. The amount of State Funds shown represent 10% of the total Senior Group Assisted Housing Grant provided to Aging & Disability Services.
Source: Public Health Services and Aging and Disability Services, November 2004

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[1] Assisted living facilities contain 3-16 residents.

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4. Description of Activities

In January 1999, the government issued regulations that require assisted living facilities (elderly group homes) to obtain a State license. Under County law these elderly group homes also require an annual County license. The State license is called the Maryland Assistive Living License. To receive the license the facility must undergo an annual "quality-of-care" inspection.

Under a negotiated agreement with the State Government, the County surveys half of the small assisted living facilities in the County.[2] In return, the Maryland Department of Aging reimburses the County a small portion of the personnel expenses incurred for conducting the inspections. County staff conduct an annual survey and any follow-up investigations. However, due to the lack of staff, the County does not investigate complaints concerning small assisted living facilities.[3]

The table on the previous page shows the funds reimbursed in FY 03 and FY 04, as well as, the amount of funds estimated to be received from the State in FY 05. The table also shows the amount of money collected from the County required group home licensure fee. The annual fee is $60 per bed.

The average survey consists of one or two program staff, one to two days to survey, and two days to write-up the results of the survey. Surveyors assess the residents level of care by reviewing:

- Resident assessments,
- Facility staff qualifications,
- Service plans,
- Medication management,
- Incident reports,
- Resident rights, and
- General physical plant requirements, security, fire and emergency precautions, furnishings, and environmental conditions.

5. Staffing/Contractual Arrangements

In FY 04, the small assisted living facilities program was transferred from Aging and Disability Services to Public Health Services. The program's FY 05 staffing complement includes 1.5 workyears: a fulltime Program Manager (I) and a part-time Client Assistant Specialist.

No services are provided by way of contract.

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[2] The County and State Government agreed that the County would survey all small assisted living facilities licensed prior to 1999; this equates to approximately half of all small assisted living facilities in the County. The State Department of Health and Mental Hygiene surveys facilities licensed after 1999.

[3] Program staff report that two additional workyears would be needed to investigate complaints concerning small assisted living facilities. Currently, staff from the State Department of Health and Mental Hygiene conduct the complaint investigations.

6. Performance Measurement Data

Performance measurement data are not readily available.

7. Coordination with Other Senior Programs

Program staff routinely coordinate with Aging and Disability Services staff. For example:

- Program staff report all suspected cases of neglect and/or abuse to Aging and Disability Services' Adult Protective Services.

- Program staff also liaise with staff from Aging and Disability Services' Adult Foster Care, Nutrition, and Medicaid Waiver programs.

Staff also work closely with Public Health Services' sanitarians, the Fire Marshall, Department of Permitting Services, MCFRS; and routinely collaborate with the State Department of Aging and State Department of Mental Health.

8. Strategic Planning Efforts and Future Challenges

There is no formal written strategic plan for this program. In terms of future challenges, program staff report that the program faces:

- Unpredictable outside funding from the State;
- An increasing number of seniors living in assisted living facilities;
- Shortages in qualified staff and skilled providers; and
- Increased responsibilities due to the emergence of the need to train facility staff in emergency disaster planning (including Bio-terrorism).

Department of Health and Human Services
(Public Health Services)

Program

DOMICILIARY CARE HOMES[1]

1. Category of Service

CATEGORY #1: PROTECTIVE/GUARDIANSHIP

2. Program Goal

To ensure quality care and a safe environment for residents of domiciliary care homes through inspections and enforcement of applicable State and County regulations.

3. Sources of Expenditure: FY 03, FY 04 Actuals, and FY 05 Approved

Source of Funding	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
County Funds:	$67,020	$216,750	$267,910	300%
Non-County Funds:	$0	$0	$0	
Total	$67,020	$216,750	$267,910	300%*

Source of Revenue	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
State Department of Health and Mental Hygiene	$41,481	$75,501	$39,456	(5%)
County licensure fees	$17,820	$21,540	$18,000	1%
Total	$59,301	$97,041	$57,456	(3%)

*The increase funding for this program is due to the addition of two Community Health Nurses to the program in fiscal year 2004.
Source: Public Health Services, November 2004

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[1] Domiciliary care homes are large assisted living facilities in which, the bed capacity exceeds 16 residents.

4. Description of Activities

In January 1999, the State government issued regulations that require domiciliary care homes to obtain a State license. The State changed the name to Assisted Living Programs. Under existing County law, domiciliary care homes also require an annual County license. The State license is called the Maryland Assistive Living License. To receive the license the facility must undergo a "quality-of-care" inspection by qualified community health nurses.

Under a previously negotiated agreement, the County agreed to conduct the quality-of-care inspections on behalf of the State. In return, the State reimburses the County a potion of the personnel expenses incurred for conducting the inspections.[2] The agreement also authorizes County staff to conduct all follow-up and complaint investigations on behalf of the State Government.

The table on the previous page shows the funds reimbursed in FY 03 and FY 04, as well as, the amount of funds estimated to be received from the State in FY 05. The table also shows the amount of money collected from the County required domiciliary care home licensure fee. The annual fee is $10 per bed.

Surveyors assess the residents' level of care by reviewing:

- Resident assessments
- Facility staff qualifications,
- Service plans,
- Medication management,
- Incident reports,
- Resident rights, and
- General physical plant requirements, security, fire and emergency precautions, furnishings, and environmental conditions.

The average survey consists of two nurse surveyors, three days to survey and 2.5 days to write-up the results of the survey.

5. Staffing/Contractual Arrangements

The program's FY 05 staffing complement includes 2.7 workyears. In FY 04, the two additional workyears (two community health nurses) were added to the program to complete the State/County required quality-of-care inspection. The current staffing complement consists of a portion of a Manager II's time, a portion of a Manager III's time; and two fulltime community health nurses.

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[2] The state/federal government reimburses the County 70% of a community health nurses salary.

6. Performance Measures

Program Activity Data*	FY 03 Actual	FY 04 Actual	FY 05 Estimated
Workload/Outputs			
Number of domiciliary care homes	NA	26	26
Number of domiciliary care home residents	NA	NA	1,864
Number of domiciliary care home quality-of-care inspections (as required by the State)*	0	26	26
Outcomes/Results			
Percent of facilities in compliance with County licensure requirements	39%	100%	100%
Percent of inspections with medication error rate exceeding 5%	NA	3.8%	10%
Percent of facilities found in compliance with County's law requiring annual inspection	NA	100%	100%
Service Quality			
Percent of facilities inspected annually	39%	100%	100%
Efficiency			
Cost per facility inspection	NA	$9,846	$9,846

*In FY 04, the program received additional funding to hire two community health nurses. As a result, all 26 facilities receive an annual inspection. Prior to FY 04, the program did not have sufficient staff resources to inspect the facilities.

Source: Public Health Services, November 2004

7. Coordination with Other Senior Programs

Program staff routinely coordinate with Aging and Disability Services staff. For example:

- Community health nurses report all suspected cases of neglect and/or abuse to Adult Protective Services. Community health nurses also sit on the County's Abuse Task Force Team.

- Community health nurses also liaise with staff from Aging and Disability Services' Ombudsman program.

Licensure and Regulatory staff also work closely with Public Health Services' sanitarians, the Fire Marshal, Department of Permitting Services, and MCFRS. Program staff also routinely collaborate with the State Department of Health and Mental Hygiene.

8. Strategic Planning Efforts and Future Challenges

There is no formal written strategic plan for this program. In terms of future challenges, program staff report that the program faces:

- Unpredictable outside funding from DHMH/OHCQ;
- An increasing number of seniors living in assisted living facilities;
- Shortages in qualified staff and skilled providers; and
- Increased responsibilities due to the emergence of the need to train facility staff in emergency disaster planning (including Bio-terrorism).

Department of Health and Human Services
(Public Health Services)

Program

NURSING HOMES

1. Category of Service

CATEGORY #1: PROTECTIVE/GUARDIANSHIP

2. Program Goal

To ensure quality care and a safe environment for nursing home residents through inspections and enforcement of applicable Federal, State, and County regulations.

3. Sources of Expenditure: FY 03, FY 04 Actuals, and FY 05 Approved

Source of Funding	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
County Funds:	475,983	$568,664	$687,021	44%
Non-County Funds:	$0	$0	$0	-
Total	**475,983**	**$568,664**	**$687,021**	**44%**

Source of Revenue	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 – 05
Federal and State funds	$335,622	$554,079	$238,334*	(29%)
County licensure fees	$58,387	$66,225	$60,000	3%
Total	**$394,009**	**$620,304**	**$298,334**	**(24%)**

*This is the approved amount from the State, but the reimbursement is usually much higher.

Source: Public Health Services, November 2004

4. Description of Activities

Nursing homes require an annual Federal, State, and County license/certification. To obtain the licenses, nursing homes must receive an annual inspection and comply with Federal, State, and County laws. The inspections determine whether the nursing home should receive Medicare/Medicaid certification.

In the 1970's, the County and State Government formed a partnership that authorized County staff (nurses) to conduct the annual inspection of nursing homes on behalf of the State government. The agreement also authorizes County nurses to assess nursing homes for compliance with federal laws. Once assessed, County staff issue a report recommending whether a facility should or should not receive a State license, County license, or Federal certification. The agreement also authorizes County nurses to conduct all follow-up and complaint investigations on behalf of the State and Federal Government.

During the annual inspection, the surveyors call on over 500 federal regulated standards that prescribe:

- **Resident Rights**. Including informed consent, protection of funds, privacy, voicing grievances, admission and transfer rights, freedom from abuse, restraints;
- **Quality of Life.** Including dignity, activities, accommodation of needs, social services;
- **Environment**. Including safe, clean, comfortable, adequate lighting, preventing accidents;
- **Quality of Care.** Including appropriate care plans, competent and adequate staff, appropriate care/prevention (e.g., for vision, hearing, pressure sores, urinary incontinence, diet, and other medical needs);
- **Emergency Preparedness** (County emphasis).

The average survey consists of 3.75 nurse surveyors, four days to survey and 2.5 days to write-up the results of the survey. Staff also inspect the 13 Adult Day Care homes as part of the program. It takes one staff person, one day to inspect an Adult Day Care home.

The State Department of Health and Mental Hygiene significantly reimburses the County for the inspections with a combination of State and federal pass-through-funds. The revenue pays for the personnel costs associated with the federal/state component of the annual inspection.[1] The table on the previous page shows the funds reimbursed in FY 03 and FY 04, as well as, the amount of funds estimated to be received from the State in FY 05. The table also shows the amount of money collected from the County required nursing home licensure fee. The annual fee is $12.50 per bed.

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[1] For the Quality Assurance nursing home inspections, the state reimburses a flat rate equal to a State community health nurse salary.

5. Staffing/Contractual Arrangements

The program's FY 05 staffing complement consists of 7.8 workyears, and includes a portion of a Manager III's time, a portion of a Manager II's time, six full-time community health nurses. (Beginning March 1, 2005, the program will consist of seven full-time community health nurses.)

No services are provided by way of contract.

6. Performance Measures (see table on next page)

7. Coordination with Other Senior Programs

Program staff routinely coordinate with Aging and Disability Services staff. For example:

- Community health nurses consult with the Aging and Disability Services' Ombudsman to identify any issues that surveyors should be aware of before conducting annual surveys.

- Community health nurses report all suspected cases of neglect and/or abuse to Aging and Disability Services' Adult Protective Services. Community health nurses also sit on the County's Abuse Task Force Team.

Licensure and Regulatory staff also work closely with Public Health Services' sanitarians, the Fire Marshal, Department of Permitting Services, and MCFRS. Program staff also routinely collaborate with the State Department of Health and Mental Hygiene.

8. Strategic Planning Efforts and Future Challenges

There is no formal written strategic plan for this program. In terms of future challenges, program staff report that the program faces:

- Unpredictable outside funding from DHMH/OHCQ;
- Anticipated increase number of seniors and advances in medical care which increases longevity;
- Shortages in qualified staff and skilled providers; and
- Increased responsibilities due to the emergence of the need to train facility staff in emergency disaster planning (including Bio-terrorism).

6. Performance Measures

Program Activity Data*	FY 03 Actual	FY 04 Actual	FY 05 Estimated	Comments
Workload/Outputs				
Number of nursing homes	38	38	35	Two nursing homes merged to form a larger facility. Also, two hospital based nursing homes closed due to reduced reimbursements for costs
Number of nursing home residents	NA	4,778	4,744	
Number of nursing home inspections	153	147	130	Represents both annual and complaint investigations
Number of complaints cited with violations	40	27	25	Decrease due to change in complaint definition (No longer call "resident to resident abuse" a complaint).
Outcomes/Results				
Percent of facilities found in violation during complaint investigation	26%	25%	20%	
Percent of facilities that caused harm to residents	9.0%	25%	13%	Includes for example: the development or worsening of a pressure sore, loss of dignity due to lying in a urine saturated bed for a prolonged period, failure to provide pain management medication.
Percent of facilities where facility-acquired pressure sores are identified during annual inspection	3.3%	3.0%	3.5%	By federal law, facilities must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates they were unavoidable. Pressure sores can indicate poor care/and or poor nutrition.
Service Quality				
Percent of facilities inspected annually	95%	89%	100%	By federal, State, and County law, each nursing home requires an annual inspection. DHHS staff report that the Department did not achieve this in FY 03 and FY 04 due to an increase in follow up visits required.
Efficiency				
Cost per nursing home inspection	$3,111	$2,369	$5,069	

Source: Public Health Services, November 2004

**Department of Health and Human Services
(Public Health Services)**

Program

SENIOR DENTAL SERVICES

1. Category of Service

CATEGORY #5: HEALTH-RELATED

2. Program Goal

To prevent oral disease and trauma, to promote healthy behavior, and to improve access to related treatment resources in our community.

3. Sources of Expenditure: FY 03, FY 04 Actuals, and FY 05 Approved

Source of Funding	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
County Funds:	$381,424	$518,262	$564,347	48%*
Non-County Funds:	$0	$0	$0	-
Total	$381,424	$518,262	$564,347	48%

*The increase in FY 05 funding is for the Program Manager to fill a vacant Dental Hygienist position.

Source: Public Health Services, November 2004

<u>Revenue Reimbursement:</u>

Program revenues are not readily available. (According to staff, revenues are recorded on a general ledger sheet and cannot currently be tracked by age cohort.)

4. Description of Activities:

Montgomery County is one of the few jurisdictions in the United States that provide oral health services; and the only County in Maryland that provide dental services to seniors. To be eligible for Senior Dental Services, persons must be 60 years and older and have income at or below 250% of the federal poverty level. That is, a person must not earn more than $20,880; a married couple cannot earn more than $28,128.

Dental Treatment Services. Contract dental providers supply dental treatment services to seniors at the DHHS dental clinic and community dental practices. The services provided include:

- Preventive care, which includes oral health education and assessments, dental hygiene therapy inclusive of scaling and polishing procedures, fluoride treatment, oral cancer exams, and brush biopsies as required;
- Restorative care, which includes amalgam, composite, and temporary fillings;
- Non-surgical extractions;
- Limited oral surgery and soft tissue biopsies;
- Limited denture services on an individual case basis; and
- Referral services to hospital-based specialty care.

Prior to receiving services, a contractor dental hygienist (who works 16 hours a week) screens clients and identifies their oral health needs.[1] Most of the preventive care and designated restorative treatment is carried out at the DHHS dental clinic at 1335 Piccard Drive, 8:00 to 4:30 M-F. For other dental treatment services, the County contracts with three private dental practices and pays for up to $1,500 worth of dental work. The practices bill the County for the work completed. In FY 04, the program served 372 seniors. There are currently 10 seniors on the program's wait list for denture services. © 87 contains an illustration of the dental model used by the program.

Oral Health Outreach activities. Program staff also provide oral health outreach activities at approximately 80 facilities where seniors reside or congregate. Oral health outreach activities include:

- On-site assessments and mobile dental services for bed-bound patients as needed; and

- Education for consumer and professional groups, e.g., community groups and professional caregivers in workshops, senior recreational centers, nursing homes, assisted living facilities, and interagency DHHS programs.

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[1] The program manager is currently in the process of filling a vacant merit dental hygienist position to assist in the screening of clients.

5. Staffing/Contractual Arrangements

County Employees	Contractual Employees	In-Kind*
0.3 Program Manager (MLS III)	0.5 WY Dentist	0.6 WY PAA
1.0 WY Dental Hygienist (vacant)	0.5 WY Dental Assistant	0.5 WY OSC
0.5 WY Dental Assistant	0.4 WY Dental Hygienist	0.5 Dental Assistant
Total: 1.8 workyears	**Total: 1.4 workyears**	**Total: 1.6 workyears**

*In-kind workyears is the estimated amount of time volunteered by County employees to the program.

Source: Public Health Services, November 2004

6. Program Measures

Program Activity Data	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
Workload/Outputs				
• Number of seniors served	199	372*	350	76%
• Number of visits	777	873	750	(3.5%)
Outcomes/Results				
• Percentage of completed treatment plans	NA	92%	75%	-
Efficiency				
• Average cost per client	$490	$646	$752	-
Service Quality				
• Percentage of clients satisfied with services	100%	86%	90%	-

*All 372 clients received preventive dental care: 314 seniors received preventive care at the County's Piccard Drive clinic and 58 received on-site preventive care via the mobile dental contractor. 161 of the 172 seniors needed further dental treatment services and were referred to a private dentist with a voucher valued between $1,000 to $1,500.

Source: Public Health Services, November 2004

7. Coordination with Other Senior Programs

Program staff collaborate with:

- Aging and Disability Services for purposes of supporting case management, outreach efforts, and program updates;

- Licensure and Regulatory Services and multiple senior care facilities on quality assurance issues, administrative support, education outreach, and senior dental care;

- The private dental community for achieving education outreach efforts, sustaining on-going support and partnership development, supporting case management and referral services, and maintaining continuity of care;

- The Commission on Aging (via the County's Health Officer) for continued support for program initiatives and funding; and

- The Department of Recreation to implement an education and treatment program that targets minority senior population via senior centers. For example, in FY 04, the Department of Recreation received a grant of $5K (which DHHS matched) to provide oral health services to seniors. As a result, the program provided dental services to about 80 seniors at the Longbranch Senior Center.

8. Strategic Planning Efforts and Future Challenges

In May 2001, DHHS established an Oral Health Strategic Plan for the County. Relevant sections of the plan pertaining to seniors are attached at © 88-90. According to staff, the known future obstacles facing the program include:

- The existing demand for care exceeds availability of resources. Given that the number of adults over age 60 years is increasing, the demand for care will also increase.

- The program is treating an increased number of elderly immigrant persons that exhibit inferior oral health status. These persons also have limited access to oral health care.

- Current unmet needs of comparatively larger populations of children and adults will compound the oral health needs of future elderly.

- Cost of contracting and supplies increases annually at a greater percentage than budget process can react.

- Market rates fees for dental care in the community show an annual increase of 3-6% annually in reaction to cost of living increases.

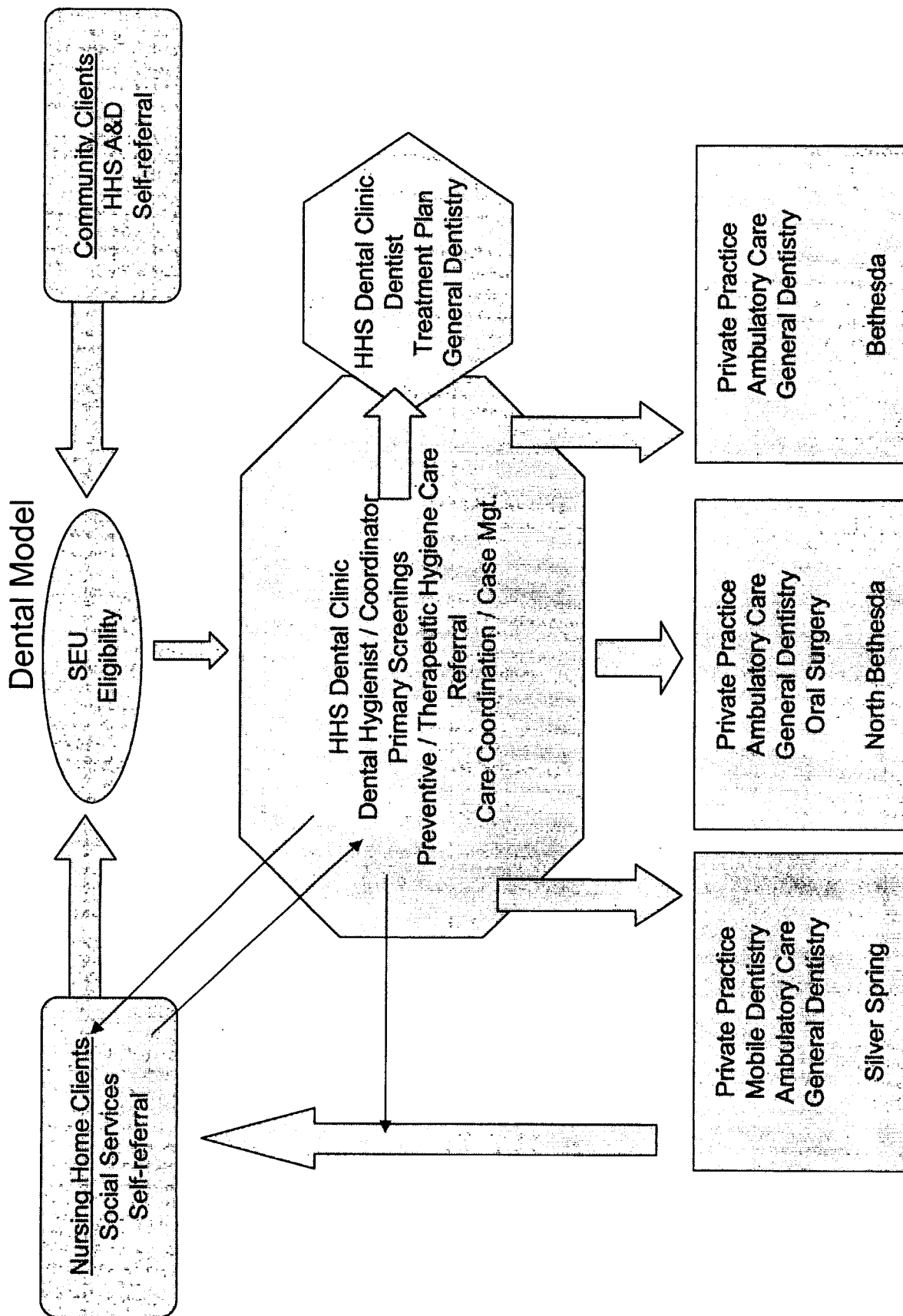To help meet these challenges, program staff recommend that:

- The program's age eligibility decrease from 60 to 55 years of age. Staff believe that preventive work on persons 55 years and older could alleviate severe oral health issues later in life.
- An increase in personnel resources to boost in-house preventive dental care and outreach/education in the community.
- The County establish a venue to build private contract resources and reach senior populations in the eastern part of the County.
- The County purchase a database to maintain program data. Staff report that the lack of a comprehensive dental database system makes it difficult to track meaningful data and provide reports in more concise detail.

In addition, program staff believe that the County must develop private practice partnerships to help meet the challenge of providing oral health care to an increasing number of seniors. However, the challenges that this poses include:

a) Private dental practices are held to a more rigid standard of professional liability and find it more difficult to adopt the public health philosophy of providing limited basic services to clients.

b) The increasing methods for accountability surrounding contract performance and performance measures will increasingly discourage dentists from participating.

c) Private practices are limited to the number of clients that they can fold into the existing caseload of insured and cash flow customers.

PHS Dental / Senior Dental Program

Dental Model

Community Clients
HHS A&D
Self-referral

Nursing Home Clients
Social Services
Self-referral

SEU
Eligibility

HHS Dental Clinic
Dental Hygienist / Coordinator
Primary Screenings
Preventive / Therapeutic Hygiene Care
Referral
Care Coordination / Case Mgt.

HHS Dental Clinic
Dentist
Treatment Plan
General Dentistry

Private Practice
Ambulatory Care
General Dentistry

Bethesda

Private Practice
Ambulatory Care
General Dentistry
Oral Surgery

North Bethesda

Private Practice
Mobile Dentistry
Ambulatory Care
General Dentistry

Silver Spring

Source: DHHS, Public Health Services; November 2004

ORAL HEALTH SERVICES FOR SENIORS

National Trends:
According to the Surgeon General's report, the number of adults age 65 years and older that are edentulous has declined from 46 percent to 30 percent in the past 20 years, however the percentage is higher among those living in poverty. Severe periodontal disease affects 23% of adults 65 to 74 years told, with higher incidence at lower income levels. Rates for both conditions tend to be higher for African Americans and Hispanics. Nursing home and other long-term care residents are at an increased risk for oral disease and concomitant health problems. With the aging process, receding gums and exposed root surfaces increase the risk of dental decay and demand more stringent preventive regimens. Most people can keep their teeth for life with optimal personal and professional preventive practices.

Local Trends:
Montgomery County is among the estimated 20 percent of local health departments in the United States that provide oral health services. Most of these departments limit services to children and pregnant women. Montgomery County is the only health department in Maryland that provides dental care for seniors. The recent Surgeon General's Report on Oral Health identifies the role of state and local governments as increasing the public's awareness that oral health is an integral part of overall health.

There are approximately 96,000 county residents ages 65 and older. Of those, 25,000 are estimated to have an annual income below 250% of the federal poverty level. By 2010, the proportion of the population who are seniors is expected to increase from 11% to 13%, with an estimated increase to 28,300 seniors at 250% of the federal poverty level. Most seniors do not have dental insurance, as it is not included in Medicare. Medicaid's managed care program provides only preventive dental care for adults, although its coverage for children is more comprehensive.

In addition to seniors, DHHS provides dental care for low-income children and pregnant women. The majority of seniors seen in the dental clinic are the parents or grandparents of immigrants who are sponsoring them or are refugees. Due to their age and language limitations, many are not expected to work in this country. These patients present with a lifelong history of dental neglect. It is important that these adults learn and practice good oral hygiene to maintain their existing teeth. The seniors most in need of oral health prevention services are those residing in nursing homes, due to their imability to access services in the community. There are 39 nursing homes in the county, with 4,770 residents, and 27 large assisted living facilities with 1,890 residents.

Target Population:
Age Requirement: Seniors age 60 years and older, uninsured, under-insured.

Eligibility: Incomes at or below 250% FPL. ($20,880 for 1 person; $28,128 for a married couple). Income of other household members not considered.

Fees: Sliding Scale.

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Services:

- Preventive care and education includes oral prophylaxis- scaling/polishing, & fluoride treatments, oral cancer exam
- Restorative care includes amalgam and composite fillings, temporary restorations
- Simple extractions
- Limited oral surgery and soft tissue biopsies
- Dentures

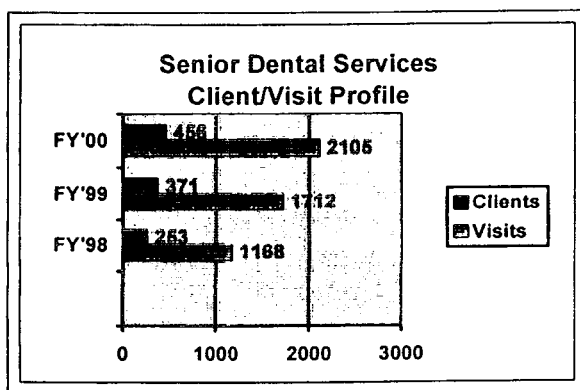**Location and Hours of Operation**: 1335 Piccard Drive, 8:00 to 4:30 M-F

Staff:

Dental care for seniors is provided through contracts with two part-time dentists, one part-time oral surgeon, and one part-time hygienist. The dentists and the oral surgeon provide their personal chairside dental assistants. In addition, two full-time county merit dental assistants spend about half their time working with seniors. In FY01 an estimated 6.65 work years are spent on senior clients.

1.4 WY dentists / 1.4 dental assist.'s .6 WY dental hygienist	1WY dental assistant staff	2.25 WY administrative support staff

Performance Measures:

In the past two years, the number of patients age 60 and older increased 80% from 253 in FY98 to 456 in FY00. The number of visits by seniors also increased 80%, from 1,168 in FY98 to 2,105 in FY00.

Senior Dental Services Client/Visit Profile

	Clients	Visits
FY'00	456	2105
FY'99	371	1712
FY'98	253	1168

Performance Measure: Number of seniors who access dental services.

Performance Measure: Number of seniors provided with an annual oral cancer exam.

Outcome Measure: Reduce the risk factors that contribute to oral and systemic diseases.

Note: Most seniors are seen 3-4 times for preventive and restorative care. Clients receiving denture services average up to 10 visits.

Denture Services

From FY98-FY00 the number of senior clients receiving denture services has fluctuated, but as a percentage of total seniors, the percentage has been declining, which is consistent with the national public health goal of maintaining existing teeth rather than replacing them with dentures.

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Year	Senior Dental Client Population	No. & % Senior Dental Clients Receiving Denture Services
FY98	253	88 / 35%
FY99	371	113 / 30%
FY00	456	96 / 21%

Based on lab billings, 51% of prosthetic services were for full dentures, 25% for partial dentures, 18% for relining or repairs of existing dentures, and 6% for other miscellaneous services.

DHHS has one lab at the Piccard Drive center that facilitates denture procedures, which are then forwarded to the contract professional dental lab that makes the dentures. The contract dental lab charges reduced fees for its services, for which the client is directly responsible. The lab costs usually range from $95 to $220.

Dental staff, in collaboration with the contract dental lab, can process approximately 80 new cases per year, in addition to providing follow-up maintenance required on existing clients. Because a few clients will drop out before their denture models are made, the clinic sets a limit of 100 people per year for the denture service. If all 100 clients are processed before the end of the fiscal year, additional clients can be served. So, while there may be a waiting list early in the year, by the end of the year most of those on the waiting list will have received their dentures. At the end of FY00, all denture clients on the waiting list had been served. The waiting list can fill up early, and there is no mechanism to report the number who request an evaluation for dentures but are not seen because the annual limit has been reached. As of September 28, 2000, there were 44 seniors waiting to be seen for their first exam and an additional 100 who were placed on a waiting list to be evaluated for dentures.

Budget:
In FY00, senior visits accounted for 34% of total visits. It is estimated that the cost was equivalent to $408,000 or 34% of the total budget.

**Department of Health and Human Services
(Behavioral Health and Crisis Services)**

Program

MENTAL HEALTH SERVICES FOR SENIORS

1. Category of Service

CATEGORY #5: HEALTH-RELATED

2. Program Goal

To improve the mental health of seniors.

3. Sources of Expenditure: FY 03, FY 04 Actuals, and FY 05 Approved

Source of Funding	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
County Funds:	$304,931	$304,931	$315,750	3.5%
Non-County Funds:				
• State SORT Grant	$220,850	$220,850	$220,850	0%
Total	**$525,781**	**$525,781**	**$536,600**	**2%**

Source: Behavioral Health & Crisis Services, October 2004

Explanation of Funding. The Mental Health Services for Seniors program consists of four services provided by a contractor (a 501 (c) (3) non-profit organization) as well as mental health services provided by the program manager. The four contracts are: SORT, Peer Counseling, Hispanic Outreach, and Prevention and Early Intervention.

Each year, DHHS receives a grant of $220,850 from the State Department of Health and Mental Hygiene (DHMH). $149,139 of the $220,850 pays for most of the salaries/benefits of two County employees (1.9 work years). The other $71,711 partly funds the SORT and Peer Counseling contracts. The contractor receives most of the County's share of the program's funding. The table on the following page details the funding provided to the contractor and section 4 details the services provided.

MENTAL HEALTH SERVICES FOR SENIORS PROGRAM: SUMMARY OF EXPENDITURES

	FY 03 Actuals			FY 04 Actuals			FY 05 Budget		
	County	Non-County	Total	County	Non-County	Total	County	Non-County	Total
Programs Delivered by Contractor									
Outreach Mental Health to Homebound Seniors	105,931	44,777	150,708	105,931	44,777	150,708	105,931	44,777	150,708
Hispanic Outreach Program	95,000		95,000	95,000		95,000	95,000		95,000
Prevention & Early Intervention	85,000		85,000	85,000		85,000	85,000		85,000
Peer Counseling	9,000	21,557	30,557	9,000	21,557	30,557	9,000	21,557	30,557
Totals	294,931	66,334	361,265	294,931	66334	361,265	294,931*	66,334	361,265
Roundhouse Theatre**	$10,000	$0	$10,000	$10,000	$0	$10,000	$0	$0	
County employee salaries & benefits (1.9 workyears)	0	$149,139	$149,139	0	$149,139	$149,139	$20,819***	$149,139	$169,958
Other Costs**	0	$5,377	$5,377	0	$5,377	$5,377	0	$5,377	$5,377
TOTAL	304,931	220,850	525,781	304,931	220,850	525,781	315,750	220,850	536,600

* Midway through FY 05, an additional 1% ($2,949) was added to the amount shown to cover inflation costs.
** In FY 03 and FY 04, the Roundhouse Theatre received funding to direct theatricals productions done by volunteer seniors that dealt with substance and issues associated with aging. Funding for the program discontinued at the end of FY 04.
*** This amount pays for the employees' cost of living adjustment. The State grant does not cover cost of living increases.
**** Other costs include in-State travel ($500), training ($2,500), printing ($500), and office supplies ($1,877).

Source: Behavioral Health & Crisis Services/OLO, November 2004

4. Description of Activities

Background. There are approximately 104,000 County residents 60 years of age and older; representing 13% of the County's population. By the year 2025, seniors will represent 25% of the County's population. According to the Surgeon General's Report on Mental Health (1999), almost 20% of persons 55 years and older experience specific mental disorders that are not part of "normal aging."[1] Based on the Surgeon General's report, approximately 20,000 seniors in the County could have a mental health disorder.

Despite the prevalence of mental health problems among the senior population, a disproportionately low number of seniors access mental health services. Seniors account for only 7% of all impatient services, 6% of community based services, and 9% of private psychiatric care.[2] Reasons cited for this disparity include:

- Stigma issues related to mental health;
- Misattribution of psychiatric symptoms to cognitive impairment, physical disorders or "normal aging;"
- Underreporting of psychiatric symptoms due to forgetfulness and social stigma; and
- Decreased mobility.

Another impediment is the reimbursement rate for mental health services through Medicare; the primary insurance for seniors. Medicare reimburses physicians at a rate of 50% for mental health services as opposed to 80% for somatic services. Staff report that this 'mental health penalty' makes seniors with mental health disorders, financially less desirable to treat.

All of the above factors contribute to making this a very vulnerable population in relation to mental health services. Based on these factors, DHHS staff report that the County's Mental Health Services for Seniors Program provides mental health services to homebound seniors. The program also provides services to seniors and providers at other settings.

The County's Mental Health Services for Seniors Program. The Mental Health Services for Seniors program consists of four programs provided by a contractor as well as services provided by the program manager.[3]

A contractor provides the following four programs: Senior Outreach (SORT), Peer Counseling, Hispanic Outreach, and Prevention and Early Intervention. These programs are designed to serve persons 60 years of age and older. DHHS contracts with a mental health provider (a 501 (c) (3) non-profit organization) to deliver all four programs.

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[1] Source: Satcher, 1999 (see reference list on © 100)
[2] Source: Persky, 1998 (see reference list on © 100)
[3] Prior to FY 05, the Mental Health Services for Seniors program also included the "Heyday Players" program. Funding for the program discontinued at the end of FY 04. See © 96 for details.

The mental health services offered through these four programs range from visits from a trained volunteer peer counselor to a full psychiatric evaluation. In many instances, a therapist – through regular therapy sessions – is able to meet a senior's mental health needs.

A. Senior Outreach (SORT)

Established in January, 1994, the Senior Outreach Team (SORT) provides outreach mental health services to seniors who cannot or will not access office based services due to either physical or psychological reasons. Seniors are often referred to SORT by Aging and Disability Services staff, senior center staff, Housing Opportunity Commission residential counselors, contract staff, family, friends and self referral. In 2004, 40% of referrals to SORT came from Aging and Disability Services, the other 60% came from other sources in the community.

Three contract therapists provide a total of 76 hours a week of mental health services to seniors. The therapists provide mental health services in the client's home. The therapists conduct an initial assessment, develop a treatment plan, and work with the client on treatment goals. The contractor performs a minimum of 70 home visits (both initial and follow-up) per month and submits a monthly and annual report of activities to Sort's program manager.

The program also provides up to 20 hours of a psychiatrist's time per month. If diagnosis is unclear, or medication is indicated, the therapists refer the client to the program's psychiatrist for a psychiatric evaluation. Upon completion of the evaluation, the psychiatrist recommends a course of treatment (e.g., recommended medications) to the senior's primary care physician. The evaluation is sent to both the primary care physician and the referral source (if an Aging and Disability staff person).

The other major aspect of the SORT grant is the Educational component, which is handled by the DHHS Program Manager. The Program Manager provides or facilitates training on mental health, substance abuse, and other issues that relate to senior mental health to DHHS staff, contractor staff, mental health providers in the community, and police. Last year, 195 professionals received training in mental health issues and the Program Manager provided 150 mental health consultations to providers working with clients with mental health issues. The Program Manager also maintains a library dedicated to senior mental health and substance abuse topics and attends State meetings dealing with mental health services for seniors.

B. Hispanic Outreach Program

Established in May 1999, the Hispanic Outreach Program provides mental health services to senior adults whose primary language is Spanish. A bilingual therapist spends 24 hours a week visiting seniors at their place of residence. Under the contract, the therapist must conduct 35 home visits (both initial and follow-up) per month. The program also provides up to 20 hours of a psychiatrist's time per month. Similar to the SORT program, the therapist refer cases to a bilingual psychiatrist for a psychiatric evaluation as needed.

C. Peer Counseling Program

Established in May 1999, the Peer Counseling Program recruits volunteer counselors to develop one-on-one relationships with senior adults who are experiencing relatively mild mental health problems. The program aims to reduce isolation, provide emotional support, monitor for emergent problems, and assist seniors in maintaining an independent lifestyle.

The contractor recruits, trains, and presently supervises twelve volunteer peer counselors. The volunteers undertake a 12-week training session that instructs the volunteers on: how to recognize the symptoms of mental illness, the common issues facing the elderly, and the appropriate emergency and treatment resources. The volunteers receive training and supervision at the contractor's facility.

The contractor matches the peer counselor with a client; and each week, the peer counselor visits the client to provide:

- Social contact and emotional support; and
- Strategies to deal with major life changes, such as, the loss of spouses, friends, and family members.

The volunteers refer suspected cases of severe mental illness to their supervisor, who then arranges a SORT therapist to assess the senior's mental health needs. In addition to the weekly client visits, the counselors attend a weekly two-hour meeting with the program's supervisor. Presently, the program serves 12 seniors.

D. Prevention and Early Intervention

Established in July 1999, the Prevention and Early Intervention Program aims to address issues that may lead to further serious mental health problems. This program provides services to both senior and providers of services to seniors and consists of seven components:

1. **Psycho-educational talks** to seniors in the community on issues such as depression, anxiety, and substance abuse. This component also provides seminars for seniors after major stressful events. For example, following September 11, the contractor held many talks on coping with stress.[4]

2. **Drop-in groups** are provided on a bi-weekly basis at three senior centers.[5]

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[4] For many seniors, September 11 invoked unpleasant memories of World War II. Seniors were also concerned about family and friends living in New York at the time of the tragedy.

[5] The term "drop-in" group is used instead of "therapy session" because seniors would be less inclined to attend a "therapy" session.

3. **Pre-Admission Visits.** During the drop-in group's discussion, the therapist may identify a senior with obvious signs of anxiety or depression. Following the session, the therapist speaks to the senior to ascertain whether the person is in need of mental health services. In some cases, the therapist is able to alleviate the senior's anxiety during the post-session discussion. In other cases, the therapist will make a referral for further mental health treatment with an outpatient provider or with the County's SORT program.

4. **Consultation** about potential or actual mental health problems to assisted living facility staff. A plan is developed to deal with the problem and subsequent follow-up is provided.

5. Similar **consultation** is provided to senior center directors.

6. Similar **consultation** is provided to HOC residential counselors.

7. Four **training sessions** to providers of services to seniors (such as assisted living staff).

The Heyday Players Program. Between FY 97 and FY 04, the Mental Health Services for Seniors Program provided a grant of $10K to the Roundhouse Theatre to direct theatrical productions done by volunteer seniors. The productions dealt with senior life issues, including substance abuse. Performances took place at senior centers, community centers, and assisted living facilities.

Immediately following the production, certified addiction counselors – at no charge – led discussions on substance abuse with the audience. The counselors also spoke about the treatment sources available in the community. In FY 03, 1,200 seniors and professionals working with seniors attended performances; and in FY 04, 918 people attended performances.

Funding for the Heyday Players program discontinued at the end of FY 04. As a result, staff report that there are no other DHHS programs specifically tailored to deal with substance abuse among seniors in the County.

5. Staffing/Contractual Arrangements

County Personnel. The Mental Health Services for Seniors program consists of 1.9 workyears: one full-time program manager and one part-time principal administrative aide (35 hours a week). The program manager provides oversight for the Senior Mental Health program and:

- Monitors contract performance;
- Assesses the clinical appropriateness of services provided by the contractor;
- Facilitates training to professionals who work with seniors;
- Provides consultation services to both Aging and Disability Services staff and the mental health providers in the community.

The program manager also attends meetings held by the State that facilitate collaboration among Maryland Counties on senior mental health issues.

Contractor's Personnel. The table below shows how the contractual staffing arrangements differ among the four programs. The contractor receives approximately $361K a year to deliver the programs. Approximately $233K of that amount pays for:

- 118 therapist hours/week to provide outreach and outpatient services,
- 34 hours/week of a director's time to manage the programs,
- 20 hours/week of a program manager's time to manage the Peer Counseling program;
- 31 administrative hours/week; and
- Eight hours/week of a psychiatrist's time.

Each year, the contractor receives an additional $128K for operational expenses to cover staffing development, travel, facility expenses, communication, supplies, and other miscellaneous expenses. The table on © 92 details the split of County and non-County funding for each of the programs delivered by the contractor.

Contractor's Staff	Programs Delivered by Contractor				Total Weekly Hours
	Outreach Mental Health	Prevention & Early Intervention	Hispanic Outreach Program	Peer Counseling	
Director	3 hours	17 hours	13 hours	2 hours	34 hours
Psychiatrist	4 hours	-	4 hours	-	8 hours
Program Manager	-	-	-	20 hours	20 hours
Therapist(s)	76 hours	18 hours	20 hours	4 hours	118 hours
Grant Monitor	-	3.5 hours	4.5 hours	1 hour	9 hours
Administrative Assistant	3 hours	5 hours	13 hours	1 hour	22 hours
Total Weekly Hours	**86 hours**	**43.5 hours**	**54.5 hours**	**28 hours**	**211 hours**
Summary of Contractor's Annual Operating Costs					
Personnel Costs	$97K	$55K	$52K	$29K	$233K
Operating Costs	$54K	$30K	$43K	$1K	$128K
Total Costs	**$151K**	**$85K**	**$95K**	**$30K**	**$361**

Source: Behavioral Health & Crisis Services/OLO, November 2004

6. Program Measures

	FY 03	FY 04	FY 05
Outreach Mental Health:			
Number of psychiatric visits			
Required	70-90 per month	70-90 per month	70-90 per month
Actual	69 per month	73 per month	77 per month
Peer Counseling:			
Number of seniors assisted			
Required	12 per month	12 per month	12 per month
Actual	14 per month	13 per month	12 per month
Number of large-group training seminars for professional staff			
Required	1 per year	1 per year	1 per year
Actual	4 per year	3 per year	TBD
Number of small-group training seminars for professional staff			
Required	2 per year	2 per year	2 per year
Actual	4 per year	2 per year	TBD
Prevention and Early Intervention:			
Number of seniors assisted*	1640	1264	TBD
Hispanic Outreach Program			
Number of home visits			
Required	35 per month	35 per month	35 per month
Actual**	17 per month	19 per month	36 per month

*The number presented may include duplicate numbers, such as seniors attending a drop-in group more than once. FY 05, statistics will clarify actual number served.
**After significant outreach through Spanish language newspapers and Spanish language radio stations, the contractor has already exceeded the required performance criteria in FY 05.

Source: Behavioral Health & Crisis Services, November 2004

7. Coordination with Other Senior Programs

The program manager works closely with staff from Aging and Disability Services and the County's mental health providers. The program manager also attends meetings held by the State that facilitate collaboration among Maryland Counties on senior mental health issues.

8. Strategic Planning Efforts and Future Challenges

Although there is no formal written strategic plan for the Mental Health for Seniors program, staff report that they are continually looking at the issues that impact senior mental health. For example, the Program Manager is currently:

- Collaborating with other DHHS staff in pursuing a program that addresses co-occurring disorders among the County's senior population; and

- Piloting a project that works with nursing home staff on how to care for seniors with difficult behaviors. The project will help reduce staff stress levels and patient hospitalization, and improve satisfaction among staff and patients.

Given the anticipated increase in the County's senior population, staff believe it imperative that seniors be included in mental health planning. The empirical data suggests that older adults benefit from receiving psychotherapy medication and other treatments.[6] To improve mental health services to seniors, program staff believe that the County should consider:

- Supporting legislation that addresses the disparate reimbursement rate for mental health services under Medicare;

- Exploring possible ways of providing outpatient treatment services for seniors;

- Increasing education on substance abuse among seniors. Problematic substance use among older adults may increase as the baby-boom cohort ages (Gfroerer et al, 2002);

- Extending the Peer Counseling program to include Spanish speaking seniors; and

- Supporting initiatives that establish dedicated assisted living facilities for adults with both mental health and somatic problems.

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[6] Source: Morris, 2001 (see reference list on the next page)

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**Department of Health and Human Services
(Behavioral Health and Crisis Services)**

Program

RENTAL ASSISTANCE PROGRAM

1. Category of Service

Category #3: Housing

2. Program Goal

To help low-income households, the elderly, and the disabled on fixed incomes meet their rental expenses.

3. Sources of Expenditure: FY 03, FY 04, and FY 05 Estimates*

Source of Funding	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
County Funds:	$1,053,354	$1,053,354	$1,095,333	4%
Total	$1,053,354	$1,053,354	$1,095,333	4%

*Estimates shown in this table are based on 28% of the program's appropriation. Program staff report that 28% of the program clients are persons 62 years and older.

Source: Behavioral Health and Crisis Services/OLO, November 2004

4. Description of Activities

The Montgomery County Rental Assistance Program helps low-income families pay their rent. The Rental Assistance program assists:

- Applicants that are legal residents of the United States,
- Applicants that are disabled,
- Applicants that are least 62 years old[1], and
- Applicants that live in a household of two or more.

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[1] The age threshold of 62 years is set by Montgomery County Executive Regulation 5-02AM Code 41A-51.1I (3)

Eligibility is limited to households with assets of less than $10K and income below 50% of the area median income.[2] The applicant must also have a rent burden of more than 25% to 35% of their gross monthly household income. The program provides benefits to approved households for a maximum period of 12 months. A new application is required at the end of the twelve months to determine continued eligibility.

Program staff assist applicants with completing the application for benefits so as to reduce the number of denials. Applicants that fail to meet the eligibility criteria or fail to provide requested documentation to determine their eligibility are denied. In FY 04, 407 seniors received an average benefit of $186 per month or $2,232 per year.

In addition, program staff conduct outreach efforts to make eligible renters aware of the program. The outreach efforts are combined with the Office of Energy Programs, and over last three years staff have conducted outreach/presentations at:

- An Energy EXPO (This event provided information on RAP programs to over 1000+ Montgomery County residents);
- Local events, e.g., the Housing Fair and community health fairs; and
- Any event by request.

The RAP/OHEP combined website also offers brochures, fax sheets and a downloadable application.

5. Staffing/Contractual Arrangements

The program's FY 05 staffing complement consists of 4.7 workyears, which includes:

- A full time Program Manager;
- A part time Administrative Aide; and
- Three fulltime Income Assistance Program Specialists.

6. Performance Measurement Data

Program Activity Data	FY 03 Actual	FY 04 Actual	FY 05 Actual
Workload/Outputs*			
• Number of applications submitted by seniors	585	565	NA
• Number of applications submitted by seniors approved for benefits	459	440	NA

Source: Behavioral Health and Crisis Services/OLO, November 2004

[2] Program staff report that recent census data indicates that the area's median income is $85,400.

7. Coordination with Other Senior Programs

Program staff report that the program helps a diverse population, and that there have been no special coordination efforts with other senior programs other than community outreach.

8. Strategic Planning Efforts and Future Challenges

There is no written strategic plan for this program. In terms of future challenges, program staff anticipate that demand for rental assistance will increase due to the continued high cost of housing. As the population ages and incomes become fixed, it will be difficult for the aging population to keep up with the high cost of living.

Program staff also expect the recent changes to the Housing Choice Voucher Program (section 8) will also impact the Rental Assistance program. Stricter eligibility requirements recently established by the federal government will make it increasing difficult for residents to participate in the program. Program staff advise that many of the 10,000 people on the Housing Choice Voucher program waiting list will be forced to seek other alternatives for rental assistance.

In terms of current demand, program staff report that as of February 1, 2005, there are 441 new pending applications waiting for eligibility determination. Staff report that about 70% of these applications will be approved and placed on the waiting list. As of February 3, 2005, 128 persons (not necessarily seniors) are on the program's wait list for rental assistance.[3] Program staff report that on average, the program receives 144 new applications per month. All new applicants approved go on to the Waiting List.

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[3] The County Council recently appropriated supplemental funds to reduce the wait list by 125 persons. Due to this appropriation (and attrition), 260 applicants were removed from the waiting list for the months of January and February 2005.

Department of Housing and Community Affairs

Program

HOUSING INITIATIVE FUND AND HOME PROGRAM

1. **Category of Service**

   CATEGORY #3: HOUSING

2. **Program Goal**

To create new affordable housing, or preserve existing affordable housing.

3. **Sources of Expenditure: FY 03 & FY 04 Actuals, and FY 05 Approved***

Source of Funding	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
County Funds:				
• Housing Initiative Fund spent on elderly housing	$4,800,000	$6,182,456	$8,181,300	70%
Non-County Funds:				
Federal Funds: • HOME program (HUD) spent on elderly housing	$0	$1,100,000	$0	0%
Total	$4,800,000	$7,282,456	$8,181,300	70%

*The funding shown in this table are loans to construct new homes or renovate existing homes. Some of the funds will be paid back to the County.

Source: Department of Housing and Community Affairs, November 2004

4. Description of Activities

The County uses a combination of County funds (HIF funds) and federal funds (HOME) to make loans to non-profit and for-profit developers of affordable housing for seniors. The funding helps the County meet a number of important housing goals, including:

- Renovating distressed properties;
- Preserving housing that could be lost from the affordable housing stock;
- Special needs housing;
- Helping to create mixed-income communities;
- Making sure that housing programs build neighborhoods and not just housing units; and
- Working toward an equitable distribution of affordable housing units.

5. Staffing/Contractual Arrangements

County staff are involved in underwriting and awarding these loans. Less than one percent of HIF funds are used to pay for staff costs.

6. Program Measures

Program Activity Data	FY 03 Actual	FY 04 Actual	FY 05 Estimated	% Change FY 03 - 05
Workload/Outputs				
• Number of senior households created, preserved, or rehabilitated	460	798	666	45%

Source: Department of Housing and Community Affairs, November 2004

7. Coordination with Other Senior Programs

DHCA uses HIF and HOME funds to make loans to non-profit and for-profit developers of affordable housing for seniors. The housing providers make sure that their services are coordinated with programs offered by the County and the State.

8. Strategic Planning Efforts and Future Challenges

The County Housing Policy (2002) establishes how the HIF and HOME funds should be distributed. The Department distributes the funding according to this policy. Staff also report that increased land and construction costs make it very difficult to provide affordable housing.

Department of Housing and Community Affairs
(Community Programs)

Program

PUBLIC SERVICE GRANTS (GRANTS TO SELECT ORGANIZATIONS THAT SERVE SENIORS)

1. Category of Service

CATEGORY #8: FISCAL, LEGAL, AND OTHER SUPPORT

2. Program

To award public service grants to groups that carry out services that directly serve low-income residents, including the elderly, children, recent immigrants, the homeless, people with mental and physical disabilities, people with chronic illnesses, people with addictions, and victims of violence.

3. FY 03, FY 04, and FY 05 Grants to Programs that Serve Seniors

The table below lists the organizations that received a Community Development Block Grant (non-County funding) through the County's competitive award process, to provide programs that directly serve seniors for fiscal years 2003, 2004, and 2005.

Organization/Program	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget
Hebrew Home of Greater Washington Geriatric Nursing Assistant Training Program	$0	$0	$20,000
Senior Connection of Montgomery County Satellite Offices of the Senior Connection	$0	$0	$30,000
Korean-American Assoc of the State of MD Multi-Faceted Social Service Program/ Technology Catch-Up for the Disadvantaged	$40,000	$35,000	$20,000
Rebuilding Together (Christmas/Sukkot in April) Handyman Project/Home Modification Program	$40,000	$62,500	$20,000
Link	$20,000	$0	$0
Total	**$100,000**	**$97,500**	**$90,000**

Source: DHCA/OLO, November 2000

4. Description of Activities

The Public Service Grant program awarded grants for two programs designed to serve seniors delivered by non-profit organizations. This section describes the programs activities for the past three fiscal years.

Geriatric Nursing Assistant Training Program. In FY 05, the Hebrew Home of Greater Washington received a $20K Public Service Grant to support its Geriatric Nursing Assistant Program. The funds paid for the training of unskilled or minimally skilled people (mostly immigrants) to become Geriatric Nursing Assistants in the Hebrew Home Senior Care Facility. The program will serve an estimated 40 people.

Satellite Offices of the Senior Connection. In FY 05, the Senior Connection of Montgomery County, received a $30K Public Service Grant to establish three satellite offices that will allow the grantee to better serve the needs of low-income seniors living in Arcola Towers, Elizabeth House, and Holly Hall apartment communities. The program will serve an estimated 300 people.

Multi-Faceted Social Service Program/Technology Catch-Up for the Disadvantaged. For the past three fiscal years, the Korean-American Senior Association has received $20K to $40K to teach seniors on how to use both high-technology (e.g., computers) and low-technology devices (e.g., home appliances). The programs serves an estimated 125 to 450 seniors.

Home Modification Program/Handyman Project. For the past three years, Rebuilding Together (Christmas/Sukkot in April) received $20K to $63K to rehabilitate/repair the houses of low-income homeowners, primarily the elderly and disabled, so that they can continue to live in their homes independently. The program serves an estimated 75 households.

Link. In FY 03, Rebuilding Together (Christmas/Sukkot in April) received $20K (third and final year of funding) to conduct social service needs assessments of low-income elderly homeowners who are having their homes renovated. 64 seniors were matched with the necessary social services.

5. Staffing/Contractual Arrangements

The above contracts are administered in context with all CDBG federal grants under the purview of the Department of Housing and Community Affairs. Program staff do not allocate staffing resources by contract. The grants are awarded through the County's competitive grant process.

6. Performance Measurement Data

The workload/output data is reported in each individual summary listed under section 4. Program staff advise that as part of best contract management practices, staff monitor the contracts to ensure the grantee carries out the required work.

7. Coordination with Other Senior Programs

Program staff coordinate on regular basis with Aging and Disability Services. For example, Aging and Disability Services receive summary information on senior-related grant applications, and are provided with opportunities to comment on such applications.

8. Strategic Planning Efforts and Future Challenges

As part of the application process for federal funding, the County is required by the U.S. Department of Housing and Urban Development to prepare an annual "Consolidated Plan" that serves as the strategic plan for this program. In terms of future challenges, program staff report that future obstacles facing the program include a reduction in CDBG funding from the federal government.

Department of Public Works and Transportation
(Division of Transit Services)

Program

CALL 'N RIDE

1. Category of Service

CATEGORY #6: TRANSPORTATION

2. Program Goal

To provide curb-to-curb transportation to low-income people with disabilities and low-income seniors 67 years and older.[1]

3. Sources of Expenditure: FY 03, FY 04 Actuals, and FY 05 Approved

Source of Funding	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
County Funds:*	$1,478,464	$1,544,701	$1,848,432	25%
Non-County Funds:**				
State Funds: Statewide Special Transportation Assistance Programs (SSTAP)	$364,370	$379,110	$379,110	4%
Total	**$1,842,834**	**$1,923,811**	**$2,227,542**	**21%**

*County funds are required to match the State grant on a 75% State/25% County ratio of the net costs after coupon sales are considered.
**The County has received Statewide Special Transportation Assistance Programs funds since the inception of the program in 1985. State law determines the amount distributed to jurisdictions.

Source: DPWT, November 2004

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[1] A County Council decision determined the age threshold of 67 years.

Source of Revenue	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
• **Coupon Sales***	$279,213	$272,651	$326,050	17%

*Participants pay for the books on a sliding scale, based on their income.

Source: DPWT, November 2004

4. Description of Activities

Established in 1985, Call 'N Ride offers taxicab coupons, on a sliding fee scale, to low-income residents with disabilities and low-income seniors. Participants may purchase one or two $50 coupon books per month for $5.25, $17.50, or $26.25 per coupon book, depending on the person's income.

Eligible seniors must be 67 years or older, and people with disabilities must provide a certification of their disability from a health care professional. Users must have an annual income of $20,000 or less for a family of one. DPWT reports that the majority of the users are very low-income females, with an average age of 75 years.

DPWT contracts with Action Taxi, Barwood and Regency taxi companies to accept the Call 'N Ride coupons. Call 'N Ride users call and arrange transportation with one of these three companies. There are no restrictions on the purpose of the trips, and individuals can travel anywhere in Montgomery County, Prince George's County, the District of Columbia, and Northern Virginia. Taxi drivers are required to provide curb-to-curb transportation.[2] Individuals can use the coupons to pay for the entire cost of the trip, or combine the coupons with cash to pay for the trip. Coupons may also be used for a gratuity.

A contractor administers coupon distribution to eligible users.[3] The taxi company reimburses their drivers for the face amount of the fare media. The taxi companies, in turn, request reimbursement from the County. The program is not required by state or federal mandate.

5. Staffing/Contractual Arrangements

Staffing Arrangements. The program's FY 05 personnel complement consists of 0.3 workyears, including 10% of a Program Manager's time (4 hours weekly) and 20% of a Program Specialist (8 hours weekly).

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[2] Curb-to-curb Transportation does not include assistance to and from the vehicle, or in and out of the vehicle. In general, curb-to-curb transportation only requires the driver to pull up to the curb, sidewalk, driveway, or parking lot. However, drivers must tie down wheelchairs/scooters and operate wheelchair lifts as people with disabilities embark and exit the vehicle.

[3] The contract was awarded competitively.

Contractual Arrangements. The County has open solicitation contracts with three taxi cab companies: Action Taxi, Barwood Cab, and Regency Cab.

6. Program Measures*

Program Activity Data	FY 03 Actual	FY 04 Actual	FY 05 Estimated	% Change FY 03 - 05
Workload/Outputs				
• Number participants*	3,165	3,465	3,800	20%
• Total books sold**	43,738	42,395	52,920	21%
• Number of one-way trips*	100,590	92,840	121,713	21%
Service Quality				
• Number of complaints received	13	17	NA	-
Efficiency				
• Cost per trip	$21.10	$23.66	$20.98	-

* Data include seniors and people with disabilities.
**FY2004 April – June program reduced to one book limit per month

Source: DPWT, November 2004

7. Coordination with Other Senior Programs

Program staff coordinate through the Advisory Group for Transportation for Seniors. This group is chaired by the Chief of Aging and Disability Services (DHHS) and the Chief of Transit Services (DPWT). Staff from the Department of Recreation, Aging and Disability Services, DPWT, as well as representatives from the Commissions on Aging and Person with Disabilities participate.

8. Strategic Direction

Although no formal written strategic plan exists for the program, staff report that they continually work with the community and County staff to ensure a variety of transportation options for seniors. DPWT staff report that based on the trend over the past three years, the Department anticipates 10% yearly growth in the demand for the program.

Department of Public Works and Transportation
(Division of Transit Services)

Program

RIDE ON (DISCOUNTED FARES FOR SENIORS)

1. Category of Service

CATEGORY #6: TRANSPORTATION

2. Program Goal

To provide public transportation with discounted fares for seniors.

3. Sources of Expenditure: FY 03, FY 04, and FY 05 Estimates

Source of Funding	FY 03 Estimate	FY 04 Estimate	FY 05 Estimate	% Change FY 03 - 05
County Funds:*	**$990,466**	**$1,119,050**	**$1,312,437**	33%
Total	**$990,466**	**$1,119,050**	**$1,312,437**	33%

*The County Funds shown in this table represent 2% of the total actual expenditures for FY 03 and FY 04; and 2% of the program's FY 05 approved budget. Rider survey data indicate that approximately 2% of Ride On passengers are 65 years and older.

Source: DPWT/OLO, November 2004

4. Description of Activities

Ride On provides a reduced fare of $.60 per ride for seniors 65 years and older.[1] The senior must present the bus driver with a Senior Citizen identification card (provided by WMATA) to receive the reduced rate. Seniors can apply for the card at Commuter Services in Silver Spring and the Transit Information Center in Rockville. A senior must show proof of age (driver's license, passport, or birth certificate) upon submittal of the application.

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[1] WMATA determines the age threshold of 65 years.

5. Staffing/Contractual Arrangements

Coordination with other senior programs and outreach with seniors are tasks addressed by the Outreach Specialist position. Funds are allocated in the FY 05 budget for this position; however the position is currently unfilled.

6. Performance Measurement Data

Program Activity Data	FY 03 Actual	FY 04 Actual	FY 05 Estimated	% Change FY 03 - 05
Workload/Outputs: *				
• Number of seniors served	414,421	417,556	458,894	11%

*The data shown in this table represent 2% of Ride On's total ridership. Rider survey data indicate that approximately 2% of Ride On passengers are 65 years and older.

Source: DPWT, November 2004

7. Coordination with Other Senior Programs

Program staff coordinate with Aging and Disability Services. Transit staff also visit County senior centers and neighborhood programs to discuss transportation programs and options. The purpose of these efforts is to inform the community about transportation options and services in order to enhance the lives of senior residents.

Program staff also coordinate/integrate with other transit and transportation providers, e.g., the Washington Area Metropolitan Transit Authority's Metrobus and Metrorail (MetroAccess) and the Maryland Mass Transit Administration's MARC commuter rail and MTA commuter bus systems.

8. Strategic Planning Efforts and Future Challenges

No written strategic plan exists for this program. In terms of future challenges, staff report that factors that impact the accessibility of Ride On fixed route service for seniors include:

- Sidewalk curb cuts and safe crosswalks leading to bus stops,
- Working order of the wheelchair lift,
- Announcements of bus stops for individuals who are blind, and
- Availability of benches at bus stops.

Department of Public Works and Transportation
(Division of Transit Services)

Program

SENIOR/DISABLED COMMUNITY OUTREACH PROGRAM

1. Category of Service

CATEGORY #6: TRANSPORTATION

2. Program Goal

To provide information on transportation services available to seniors (50 years and older) and persons with disabilities.

3. Sources of Expenditure: FY 03, FY 04 Actuals, and FY 05 Approved

Source of Funding	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
County Funds*	$159,063	$163,405	$164,910	4%
Total	$159,063	$163,405	$164,910	4%

*The amounts shown in this table include funding to the Jewish Council for the Aging to operate the Connect A Ride program. JCA received $90,963 in FY 03, $92,780 in FY 04, and $92,780 in FY 05 to operate the program.

Source: DPWT, November 2004

4. Description of Activities[1]

The Senior/Disabled Community Outreach Program consists of two components:

- A contract with the Jewish Council for the Aging to operate the Connect-A-Ride program; and
- Education and Outreach provided by a DPWT staff member.

Connect-A-Ride. The Division of Transit Services contracts with the Jewish Council for the Aging to operate the Connect-A-Ride (CAR) Program. Connect-A-Ride staff collect and disseminate information to seniors and people with disabilities seeking transportation services throughout Montgomery County.

JCA staff and volunteers maintain a database of transportation providers and operate a free helpline (301-738-3252). Connect-A-Ride staff answer questions, refer callers to appropriate transportation providers, and help them access transportation services (e.g., help them complete the MetroAccess application).

The Connect-A-Ride database currently includes over 200 public, private, and volunteer transportation providers in Montgomery County. The database includes specific information about each provider, such as address, phone number, rates, hours of operation, distance they will travel/geographic areas they serve, type of transportation service provided, wheelchair accessibility, eligibility requirements, intake procedure, and languages spoken.

JCA staff/volunteers refer each caller to at least three providers from the Connect-A-Ride database. They usually refer each caller to a combination of types of providers (e.g., private, volunteer, and public), to allow the caller to determine what type of service best meets their needs. They also instruct callers to call back if none of the referrals meet their transportation needs. JCA staff also make follow-up calls to helpline users to determine whether the individual's transportation needs were met, and mails a written survey to Connect-A-Ride callers.

The majority of callers request information about transportation to medical appointments (including dental, rehabilitation, and dialysis visits). In addition, Connect-A-Ride receives requests for information about transportation to grocery shopping, senior centers, other recreational/socialization programs, and visits to loved ones and friends in hospitals and nursing homes.

The Jewish Council for the Aging (JCA) is designated as an entity for non-competitive contract award for Connect-A-Ride. The County has been funding Connect-A-Ride for eight years.

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[1]The program is not required by federal or state mandate.

Education and Outreach. DPWT staff and Connect-A-Ride staff also conduct community outreach and education. Staff distribute flyers about Connect-A-Ride to libraries, senior centers, senior housing, health fairs, and senior services providers/professionals. Staff distribute information about transportation programs, help identify appropriate transportation options, and help individuals complete program applications.

5. Staffing/Contractual Arrangements

Staffing Arrangements. The program's FY 05 personnel complement consists of one workyear; a fulltime Transit Coordinator.

Contractual Arrangements. The County contracts with Jewish Council for the Aging to operate Connect-A-Ride. The JCA employs one full time and three part-time staff members to operate the program. The JCA has held the contract since 1997. The JCA received $90,963 in FY 03, $92,780 in FY 04, and $92,780 in FY 05 to operate the program. The Contract is competitively awarded and was recently award to the JCA in October 2003 for FY 04.

6. Program Measures

Program Activity Data	FY 03 Actual	FY 04 Actual	FY 05 Estimated	% Change FY 03 - 05
Workload/Outputs				
• Number of callers to contractor	856	963	1,000	17%
• Number outreaches, contacts, events by DPWT staff	853	958	985	12%
Efficiency				
• Contract (cost per client)	$186.47	$170.57	$167.42	-10%

* Data include seniors and people with disabilities.

Source: DPWT, November 2004

7. Coordination with Other Senior Programs

The program's Transportation Coordinator coordinates with Aging and Disability Services concerning available social service programs such as the Senior Nutrition program. The Coordinator also attends and actively participates in various local, state and regional meetings about services for seniors and the disabled community.

8. Strategic Planning Efforts and Future Challenges

Although no formal written strategic plan exists for this program, staff report that they would like to implement new initiatives to increase mobility of seniors and disabled residents, regardless of income. New programs such as Travel Training and Senior Ride Free will increase ridership of seniors on fixed route service. Staff would also like to extend the hours of operations of Connect-A-Ride to the same core hours of the Transit Information Center (8 am to 6pm). Given the expected increase in the senior population, staff report that the program costs could increase 25% over the next five to ten years.

Department of Recreation

Program

SENIOR PROGRAMS

1. Category of Service

CATEGORY #7: RECREATION, LEISURE, AND CONTINUING EDUCATION

2. Program Goal

To meet the diverse interests and vital living needs of adults ages 55 & over through responsive programs and services that stimulate the mind, enhance health & fitness, and provide socialization in a safe and accessible community environment.[1]

3. Sources of Expenditure: FY 03, FY 04 Actuals, and FY 05 Approved

Source of Funding	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
County Funds:*	$1,187,000	$1,130,745	$1,384,970	17%
Total	$1,187,000	$1,130,745	$1,384,970	17%

*The amounts shown include a $100,000 contract with the City of Gaithersburg to deliver services to seniors residing Up-County, outside of the City's jurisdiction.

Source: Department of Recreation, November 2004

3(a) Revenue Reimbursement

Information unavailable

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[1] A management decision, made before 1988, permitted eligibility to senior recreation programs for persons 55 years and older.

4. Description of Activities

The Department of Recreation's Senior Programs offer a wide variety of programs specifically designed for adults 55 years of age and over. Services are available at or through four senior centers and Neighborhood Senior Programs (offered at 12 community/recreation centers across the County). The County also contracts with the City of Gaithersburg to deliver services to seniors residing Up-County, outside of the City's jurisdiction.

Senior Programs offer seniors exercise and fitness activities, lifelong learning opportunities, entertainment, social, and health and wellness activities. The table below provides more specific examples of activities offered.

Category	Examples of Activities
Exercise & Fitness	dances, fitness, exercise, & wellness classes, dance instruction, billiards, table tennis, weight training, martial arts, softball league, volleyball league water fitness classes
Lifelong Learning Opportunities	current events discussion, travelogue lecture series, health education classes, language/cultural classes, AARP Driver Safety classes, literature seminars, legal & tax advice seminars, computer education, music classes
Entertainment	bingo, sing a-longs, concerts, plays, shuffleboard, table games, card games
Social	book clubs, bridge clubs, card classes/tournaments, monthly birthday celebrations, seasonal holiday celebrations cultural/heritage month celebrations, dances
Health and Wellness	health screenings, senior nutrition program

The Department's Senior Programs also offer seniors:

- Volunteer opportunities e.g., instructors, escorts, office support; and

- Senior Outdoor Adventures in Recreation (SOAR): The SOAR program offers seniors day trips that include walking tours, canoeing, biking, and other energetic excursions. SOAR offers 30 to 35 trips per year with approximately 1,520 seniors participating.

5. Staffing/Contractual Arrangements

The Seniors program FY 05 complement consists of 20.4 workyears.

Contractual arrangements. The Department contracts with the City of Gaithersburg ($100K) to provide services to seniors in the upper part of the County, outside of the City's jurisdiction. The funding provides for administrative staff, supplies and equipment, instructors, and programs/services that support the Seniors Program Team's mission.

6. Program Measures

Program Activity Data*	FY 03 Actual	FY 04 Actual	FY 05 Estimated	Change FY 03 - 05
Workload/Outputs:				
Number of registrants for senior center/neighborhood programs:	8,970	9,345	9,520	6%
Number of registrants for SOAR	4,370	2,950	2,720	(32%)*
Number of SOAR trips	65	34	34	(46%)*
Number of volunteers	570	540	550	(3.5%)
Number of volunteer hours	42,105	40,490	40,500	(3.8)
Outcomes/Results:				
Percent of participating seniors who felt that their health & wellness was improved as a result of program participation.	98%	98%	98%	
Efficiency:				
Cost per registrant	$132	$121	$145	

*The decrease is due to the discontinuation of the Senior Travel Program at the end of the FY 03.

Source: Department of Recreation, November 2004

7. Coordination with Other Senior Programs

According to staff, at least 80% of the programs/activities are offered in partnership with the public and/or private sector. The table below list the various organizations that provide services for the Seniors Program.

Organization	Services Provided
Health and Wellness	
Adventist Health	Periodic lectures
Alzheimers' Association	Information Seminars
American Cancer Society	Health lectures
Counseling for Seniors	Group therapy sessions
Family & Nursing Care, Inc	Wellness health series
George Washington Hospital	Women's health initiative
Holy Cross Hospital	Blood pressure screening; senior fit and flexibility program, periodic health & wellness presentations
Individual healthcare practitioners	Lectures & screenings
Kaiser Permanente	Funding for senior fit
Mariner Healthcare	Blood pressure screening
Maryland cooperative Extension Services	Series of nutrition classes
Mobile Screening Authority	Lectures & health screening
Montgomery General Hospital	Blood pressure screening; periodic health & wellness presentations
National Association of Allergies & Infectious Diseases	Periodic lectures
National Institutes of Health	Periodic lectures
Prevention of Blindness Society	Monthly programs & special events
Shady Grove Hospital	Periodic health & wellness presentations
Suburban Hospital/Sulzar Industries	Lecture series
Washington Areas Group for the Hard of Hearing	Periodic health screening
Washington Hospital Center	Aqua aerobics program & light lunch
Education Opportunities	
AARP	Classes & tax assistance programs
Family & Nursing Care, Inc	Computer lab
Howard County Library System	Reading & discussion series
Maryland Humanities Council	Reading & discussion series
Maryland State Comptrollers Office	Income tax inquiries
Montgomery College	Lecture series
National Institutes of Health	Computer lab
Social Security Administration	Periodic lectures on new legislation
University of Maryland	Lecture series

Cultural Enrichment	
Arts of Aging	Classes
Himmelfarb University	Lectures & classes
National Portrait Gallery	Periodic performances
Marketing	
Companion	Comprising the senior marketing
Crestar Bank	Institute of which the senior program
Chevy Chase House	Team takes the lead
Iona Senior Services	Dedicated to educating professionals about marketing to senior adults
Senior Beacon Newspaper	
Senior Aging Network	
Other Government Agencies	
Consumer Affairs	Lectures
Fire & Rescue Services	Blood pressure screening at Owens Park
Health & Human Services	Nutritional lunch program at 12 sites, Mental Health for Seniors, Senior I & A
Housing Opportunities Commission	Provides sites for senior recreation programs
Police Department	Lecture series
Public Works & Transportation Department	Paratransit services

Source: Department of Recreation, November 2004

8. Strategic Planning Efforts and Future Challenges

Although no formal written strategic plan exists for this program, program staff report that the success of Senior Programs hinges on three factors: (1) adequate facilities Countywide; (2) additional career staff to market and implement programs; and (3) the ability to hire and retain appropriate part-time temporary staff. Some other challenges facing the program include:

- Providing a broad range of services to a diverse age range of seniors with different needs;
- Increasing demand for services due to incoming baby boomers;
- Meeting the recreational needs of an increasingly multi-cultural population; and
- Ensuring senior transportation needs are met.

Montgomery County Police Department
(Community Services Division)

Program

COMMUNITY OUTREACH FOR SENIORS

1. Category of Service

CATEGORY #8: FISCAL, LEGAL, AND OTHER SUPPORT

2. Program Goal

To provide community outreach and education to the County's seniors.

3. Sources of Expenditure: FY 03, FY 04 Actuals, and FY 05 Approved

Source of Funding*	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
County Funds:	$91,417	$90,100	$127,860	40%
Non-County Funds:				
• Local Law Enforcement Block Grant (Federal?)	$1,000	$0	$0	(100%)
Total	$92,417	$90,100	$127,860	38%

*The amounts shown in this table are primarily represent the personnel expenses associated with the program. Section 5 provides staffing details.

Source: Montgomery County Police Department, November 2004

4. Description of Activities

The Community Outreach for Seniors programs primarily consists of three program activities:

Senior Cell phone Program. This program has been in existence for a little over a year. The program collects used cell phones from county residences. Program volunteers check the phones to make sure the batteries hold a charge and mark them with an identification number. The cell phones are programmed to only dial 911. Any senior who wishes to have a phone can receive one. Program volunteers meet the seniors to explain how the cell phone works.

Presentations. Program staff receive requests on an ongoing basis for presentations to senior groups. These presentations are on topics such as crime prevention, frauds and scams, victims of crime, neighborhood watch, and personal safety. The presentations are performed by both non-uniformed and uniformed staff members at senior and neighborhood centers, and other sites where seniors congregate. The department delivers approximately five to six presentations a month.

AARP Mature Driving Program. At least two times per year, the department hosts or sponsors the AARP Mature Driving Program. AARP volunteers conduct the course at the Community Services Division offices at 9125 Gaither Road, Gaithersburg and senior centers. The course reviews driving laws and driving safety pertaining to seniors.

In addition to above programs, the Department is currently considering piloting a project called **Project Lifesaver**. Project Lifesaver provides seniors with Alzheimer's disease or mental disorders with a bracelet that has a small transmitter in it. If that person should become lost/missing, the Department could more easily find the senior and contact their care providers. According to Project Lifesaver literature, the average recovery time is under 30 minutes.

5. Staffing Arrangements

The program's FY 05 complement consists of 1.3 workyears; including:

- Two part-time (20 hours a week) Community Outreach Officer that spends 80% of the time on senior related issues
- A fulltime civilian that spends 25% of the time on senior-related issues.

6. Program Measures

CALEA requirements (periodic surveys) or relevant crime statistics.

7. Coordination with Other Senior Programs

Program staff coordinate with staff from Aging and Disability Services, Department of Recreation, and the Montgomery County Volunteer and Community Center.

8. Strategic Planning Efforts and Future Challenges

No written strategic plan exists for this program. In terms of future challenges, program staff anticipate the need for community outreach will increase as the population ages.

Montgomery County Police Department)
(Family Crimes Division: Domestic Violence Section)

Program

ELDER ABUSE UNIT

1. Category of Service

CATEGORY #1: PROTECTIVE/GUARDIANSHIP

2. Program Goal

To investigate elder abuse of nursing homes and assisted living facilities.

3. Sources of Expenditure: FY 03, FY 04 Actuals, and FY 05 Approved

Source of Funding	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
County Funds*	$81,798	$80,460	$78,900	(4%)
Total	$81,798	$80,460	$78,900	(4%)

*The funding shown in this table is based on 20% of personnel expenses. See section 5 for details.

Source: Montgomery County Police Department, November 2004

4. Description of Activities

Established in July 2002, the Elder Abuse Unit investigates elder abuse in nursing homes and assisted living facilities. The Unit primarily receives cases from DHHS' Adult Protective Services and Ombudsman. Police staff meet with staff from these programs to discuss cases of elder abuse and to communicate procedures and protocol for investigations of elder abuse.

In most instances, MCPD staff conduct criminal investigations of suspected cases of elder abuse. MCPD staff report that due to lack of investigators, some cases are referred to the State of Maryland Attorney General Office for investigation.

5. Staffing/Contractual Arrangements

The Elder Abuse Unit is part of the Domestic Violence Section in Family Crimes Division. One Sergeant and three PO3's work domestic violence and Elder Abuse. Staff estimate that 20% of their time is allocated to investigating cases of elder abuse.

6. Program Measures*

Program Activity Data	FY 03 Actual	FY 04 Actual	FY 05 Estimated
Workload/Outputs: • Number of elder abuse investigation cases	22	18*	Not Available

*As of June 2004

Source: MCPD, November 2004

7. Coordination with Other Senior Programs

Elder Abuse Unit staff coordinate with DHHS' Ombudsman and Adult Protective Services, as well as the County Attorney. Staff also coordinate with the State of Maryland Attorney General Office, State Licensing.

8. Strategic Planning Efforts and Future Challenges

Although no formal written strategic plan exists for this program, program staff report that one of the primary challenges facing the Elder Abuse Unit is the lack of staffing resources. Unit staff report that they are currently developing a training plan to improve the investigation of cases of elder abuse.

Offices of the County Executive
(Montgomery County Volunteer and Community Service Center)

Program

RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP)

1. Category of Service

CATEGORY #8: FISCAL, LEGAL, AND OTHER SUPPORT

2. Program Goal

To place volunteers age 55 and over in meaningful volunteer jobs throughout the County.[1]

3. Sources of Expenditure: FY 03, FY 04 Actuals, and FY 05 Approved

Source of Funding	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 – 05
County Funds:				
	$30,550	$32,370	$30,710	0.5%
Non-County Funds:*				
• Corporation for National and Community Service	$85,983	$83,999	$90,470	5%
Total	**$116,533**	**$116,369**	**$121,180**	**4%**

*The County is required to provide a 30% local match.

Source: Offices of the County Executive, November 2004

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[1] The federal government's Corporation for National and Community Service agency sets the age eligibility for this program.

4. Description of Activities

Since the late 70's, Montgomery County has sponsored the nationwide volunteer program, Retired and Senior Volunteer Program (RSVP).[2] RSVP connects individuals over the age of 55 to a range of volunteer activities, including tutoring children, teaching English to immigrants, and preparing tax returns for low-income seniors.

To participate in the program, seniors may arrange an interview with one of the four senior volunteer referral specialists working at the County's Volunteer Center, or call the office for referrals, or locate potential opportunities on the Volunteer Center website. The Center assists interested seniors in finding volunteer opportunities based on the person's skills, interests, life experience, geographic preference, and time availability. It is important to note that not all seniors choose to register with the RSVP Program, but find volunteer opportunities through the services of the Center. According to Center staff, RSVP connects approximately 600 seniors with over 100 non-profit and public sector agencies.[3] Staff cite for example that:

- 129 seniors participate in nursing homes visits, travel escorts, information and referral services;
- 128 seniors work from mid-January through April 15th preparing tax returns for primarily low-income seniors in the County;
- 100 seniors work in the public schools as tutors, teachers' aides, playground aides, and mentors;
- 93 seniors teach English to ESOL students and prepare residents for citizenship;
- 16 seniors work with non-profit organizations to provide congregate meals;
- 15 seniors serve as peer counselors for other seniors who are going through a crisis (due to loss of a spouse or deteriorating health);
- 14 volunteers assist in hospital gift shops and provide "friendly visits" to other seniors;
- Six seniors work in Montgomery County Public Libraries with shelving, repairing, and selling books; and
- Three seniors work at the Department of Park and Planning's Brookside Gardens performing duties such as information and referral, leading tours , and working in the plant room.

5. Staffing/Contractual Arrangements

The program's FY 05 staffing complement consists of 1.6 workyears; representing:

- A full-time Project Director (Grade 23). The position is funded by grant monies;
- A part-time (20 hours a week) Project Coordinator (Grade 18). The 30% local match primarily funds the position; and
- 10% of the Volunteer Center's Director time, which is funded by County funds.

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[2] The Corporation for National and Community Service is the federal agency that coordinates the RSVP program.
[3] Go to http://www.montgomerycountymd.gov/mcgtmpl.asp?url=/Content/Volunteer/RSVP_stations.asp for the list of the non-profit and public sector agencies.

6. Program Measures

As part of the yearly grant application process, the federal government's Corporation for National and Community Service require that their funding participants submit yearly performance measures. Section 4 summarizes the most recent performance measures submitted.

7. Coordination with Other Senior Programs

Center staff report that they work closely with Aging and Disability Services. For example, Aging and Disability staff sit on the RSVP Advisory Council and Volunteer Center staff sit on the Vital Living Steering Committee. Center staff also coordinate with the Department of Recreation's Seniors Program and MCPS for seniors that volunteer time in the school system.

In addition, RSVP partners with other organizations to augment program resources. For example, this year, the Holy Cross Hospital funded ($16K) a program that fights osteoporosis. The program is called "Bone Builders." RSVP partnered with the Holy Cross Hospital to provide volunteers to instruct other seniors on how to prevent osteoporosis.

8. Strategic Planning Efforts and Future Challenges

Center staff report that although the RSVP program functions well, it could branch out in new directions with increased funding. Federal funds increase minimally on an annual basis and cover less of the total program costs every year. Staff believe that if they received additional money in their annual budget, the Center would be able to better promote the RSVP program.

Staff have also developed another spin-off program (50+ Pro Bono Consultant Program) which is aimed at recruiting younger seniors/soon to retire seniors, to work on time limited projects requiring professional skills.

9. Other Senior Initiatives

The Montgomery County Volunteer and Community Service Center also oversees the following initiatives designed to serve seniors.

Path of Achievement Award. Each year, the County Executive awards five seniors the Path of Achievement Award. The Award honors older County residents whose accomplishments, enthusiasm, and commitment to their community make them outstanding role models for young and old alike. The award categories include: advocacy, arts and humanities, community service, sports and fitness, and workplace contribution.

Strathmore Hall hosts the award ceremonies and the County's Office of Public Information produces brief video documentaries of each recipient. The Strathmore Hall Arts Center permanently houses the documentaries.

Neighbor-to-Neighbor Program. The Neighbor-to-Neighbor initiative recruits volunteers willing to help homebound seniors during a weather emergency with a variety of tasks, including: removing snow; collecting prescriptions; and driving seniors to a doctor's or dialysis appointment. The Neighbor-to-Neighbor Program is only instituted during severe weather emergencies, usually at the request of the Emergency Operations Center.

Offices of the County Executive
(Montgomery County Volunteer and Community Service Center)

Program

TELEPHONE REASSURANCE FOR SENIOR CARE GIVERS

1. Category of Service

CATEGORY #8: FISCAL, LEGAL, AND OTHER SUPPORT

2. Program Goal

To provide moral support and reassurance to assist Montgomery County seniors and their care givers.

3. Sources of Expenditure: FY 03, FY 04 Actuals, and FY 05 Approved

Source of Funding	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
County Funds:			$0	-
Non-County Funds:*	The program began in FY 05			
• Federal grant (Older Americans Act)			$41,000	-
Total			$41,000	-

*DHHS' Aging and Disability Services provides funding for the program using Older Americans Act grant monies. The funding pays for a part-time Project Coordinator, training program materials, and other miscellaneous expenses (e.g., printing).

Source: Montgomery County Volunteer and Community Service Center, November 2004

4. Description of Activities

In August 2004, DHHS' Aging and Disability Services and the Montgomery County Volunteer and Community Service Center signed an agreement to provide telephone reassurance for senior caregivers. The agreement calls for volunteers to provide moral support and reassurance to:

- Persons of any age who serve as caregiver to an adult aged 60 and over,
- Persons aged 60 and over who serve as caregiver to a grandchild up to the age of 18, who resides with them,
- Persons aged 60 and over who serve as caregiver to an individual with developmental disabilities up to the age of 18, regardless of their relationship to the caregiver.

Volunteer Center staff will recruit and train volunteer callers and match them with caregivers who feel inadequate and/or overwhelmed by the challenges of providing care. The caregivers can be referred to the program by DHHS staff, other public and private agencies, and family and friends of potential clients.

5. Staffing/Contractual Arrangements

The program consists of 0.5 workyears (a part-time Project Coordinator who works 20 hours a week).

6. Program Measures

DHHS and the Volunteer Center are working to develop outcome measures and data collection methods that demonstrate whether the program is achieving the stated purpose. Under the agreement, the Volunteer Center must provide quarterly volume of service and narrative reports to DHHS.

7. Coordination with Other Senior Programs

The Project Coordinator works closely with staff from Aging and Disability Services as well as:

- Other County departments who may make client referrals to the program, i.e. the Department of Recreation Senior and Therapeutics Programs, and
- Community non-profits who provide services to seniors, i.e. The Senior Connection.

8. Strategic Planning Efforts and Future Challenges

No formal written strategic plan exists for this program.

Montgomery County Fire and Rescue Service

Program

FIRE AND RESCUE SENIOR OUTREACH

1. Category of Service

CATEGORY #5: HEALTH-RELATED

2. Program Goal

To educate County seniors in all areas of fire and rescue related safety topics.

3. Sources of Expenditure: FY 03, FY 04 Actuals, and FY 05 Approved

Source of Funding	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
County Funds:	$10,000	$5,000	$34,100	241%
Non-County Funds:				
• Federal Grant – Federal Emergency Management Agency	0	0	$81,200	-
Total	**$10,000**	**$5,000**	**$115,300**	**1053%***

*See explanation of funding below.
Source: MCFRS, October 2004

Explanation of Funding

The FY 03 and FY 04 funding for this program paid for materials only (e.g., the "File of Life" record system – See Section 4 , *Description of Activities* for details). Other MCFRS programs absorbed associated personnel costs (See Section 5, *Staffing Arrangements*).

Federal Emergency Management Agency's Assistance for Firefighters Grant. The FY 05 funding of $115,300 pays for the implementation of the Remembering When program. Both County and non-County monies will fund this NFPA approved program. The non-County funds are part of larger one-time only grant (totaling $524,130) received by MCFRS from the Federal Emergency Management Agency.

The purpose of the grant "is to develop and support a comprehensive, standardized life safety education and outreach program targeted to at-risk populations in the County, and to enhance the County's response to major disasters through the development of Citizen Emergency Response Teams (CERT)." The grant requires that the County provide a 30% local match. The total initiative is $748,750, which is comprised of $524,130 of federal funds (70%) and $224,620 (30%) of County funds.

According to Department staff, $91K of the $115,300 in FY 05 pays for 150 Remembering When programs, senior related periodicals, audio-visual equipment, Remembering When videos, interactive computer programs, and supplies. The remainder (approximately $24K) pays for -- until February 2005 -- a full-time Master Fire Fighter to administer the grant and implement the Remembering When program. Section 4 *Description of Activities* provides more details on the Remembering When program. Department staff report that there are no FY 06 funds currently budgeted for this program.

4. Description of Activities

MCFRS' Senior Outreach program provides education to County seniors on all fire and rescue related safety topics including, fall prevention, cardiovascular disease prevention and symptom recognition, CPR and use of Automated External Defibrillators, and general fire and rescue related safety education (e.g., when to call 911 and what to expect when fire and rescue arrives). The hour long presentation is primarily delivered at nursing homes, assisted living facilities, and County senior centers.

File of Life Medical Information System. As part of the program, seniors receive instruction on the benefits of the File of Life Medical Information System. The "File of Life" system is a small magnetized plastic pouch that holds details of a person's medical history. The program instructor encourages seniors to attach the pouch on the outside of the refrigerator; readily accessible to emergency care givers in the event of an emergency. The "File of Life" contains information such as, known medical conditions (e.g., abnormal EKG, hypertension, diabetes) and allergies to medications (e.g., aspirin, lidocaine, sulfa). The pouch is distributed at no-cost during education seminars.

Remembering When. Using a combination of County and Non-County funds (see Section 2 for details), MCFRS plans to implement the Remembering When program in FY 05. The Remembering When program is a fire and fall prevention program for seniors, developed by the National Fire Protection Association (NFPA) in cooperation with the Centers for Disease Control and Prevention (CDC). The program is designed to prevent injuries among seniors; helping them to live safely at home for as long as possible.

Topics covered by the program include:

Fire prevention:
- Give space heaters space
- Be kitchen wise
- Smoke alarms save lives
- Plan and practice your escape from fire
- Know your local emergency number
- Plan your escape around your abilities
- Stop, drop and roll
- Provide smokers with large, deep ashtrays

Slips and Falls:
- Take your time
- Clear the way
- Slippery when wet (bathroom safety)
- Throw rugs can throw you
- Tread carefully (stairway safety)
- Best foot forward (safe shoe information)
- Look out for yourself (see an eye doctor; improve lighting)
- Exercise regularly for balance and coordination

In addition to delivering 30 Remembering When presentations in FY 05, staff also plan to conduct a train-the-trainer course on Remembering When for 30 MCFRS personnel, volunteers, County Health and Human Services staff, and assisted living facilities staff.

5. Staffing/Contractual Arrangements

There are no budgeted positions for this program. In FY 03 and FY 04, a Master Fire Fighter administered the program in addition to his regular fire/rescue duties. As a result of increased FY 05 funding, MCFRS seconded the Master Fire Fighter to administer the grant and the Senior Outreach program on a full-time basis. However, Department Staff estimate that funding for the position will end in February 2005, at which time the Master Fire Fighter will return to field duties.

6. Program Measures

Program Activity Data	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
Number of seniors served	12,000	5,000	5,000 – 10,000	(17% - 58%)
Cost per participant	$0.83s	$1	$12 - $23	1,345% - 2,671%*
Number of file of life distributed	10,000	8,000	10,000	0%
Number of presentations	80	30	30+	(63%)

*The increased cost per participant is to pay for the implementation of the "Remembering When" program in FY 05.
Source: MCFRS, November 2004

7. Coordination with Other Senior Programs

The program administrator coordinates with DHHS' Aging and Disability Services staff to assist with the implementation of fire related education.

8. Strategic Planning Efforts and Future Challenges

Although no formal written strategic plan exists for this program, MCFRS staff report that over 50% of all EMS transports in Montgomery County involve senior citizens. MCFRS staff cite that from the year 2000 to 2015, the number of County residents ages 65 and older is expected to increase 32% (from 92,656 to 121,584); and the number of seniors over the age of 85 is projected to increase by 47% over the same timeframe.

MCFRS staff report that they are committed to meet the anticipated demand for services. However, staff report that there is no future funding for the Fire and Rescue Senior Outreach program. In light of the demographic forecast, Department staff believe that the benefits of implementing a formal continuously funded program that educates seniors on fire safety and injury prevention is imperative. Department staff estimate that a sustained preventive education could possibly reduce senior related EMS responses by ten percent. The Department plans to continue searching for non-County funds to continue the program into future years. However, as previously mentioned, there are no FY 06 funds currently budgeted for this program.

**Office of the County Attorney
(Child and Adult Protective Services Unit)**

Program

CHILD AND ADULT PROTECTIVE SERVICES

1. Category of Service

Category #1: Protective/Guardianship

2. Program Goals

In relation to senior care/services, the Office of the County Attorney's Child and Adult Protective Services Unit provides legal representation to DHHS' Aging and Disability Services.[1]

3. Sources of Expenditure: FY 03, FY 04, and FY 05 Estimates*

Source of Funding	FY 03 Estimate	FY 04 Estimate	FY 05 Projected Estimate	% Change FY 03 - 05
County Funds*	$35,000	$35,000	$35,000	0%
Non-County Funds	$0	$0	$0	0%
Total	$35,000	$35,000	$35,000	0%

* The funding shown in this table is based on an estimated percent of time (40%) that an Assistant County Attorney dedicates to protective services/guardianship work. This percentage was used to pro-rate the Attorney's annual salary.

Source: OLO/Department staff, November 2004

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1 The Attorney assigned to Aging and Disability Services does not represent the department in the following areas: personnel, contracts, negligence claims, and HIPPA (confidentiality) issues.

4. Description of Activities

An Assistant County Attorney within the Office of the County Attorney's Child and Adult Welfare Unit:

- Provides representation to Aging and Disability Services in all court cases, in which the Department either initiates proceedings to establish guardianship of a person and/or property of seniors, or in cases filed by other entities seeking the appointment of the Department as guardian of the person.

- Provides general legal advice and counsel to Aging and Disability Services.

- Participates in departmental staff meetings to discuss strategies for intervention and provision of services to vulnerable seniors.

- Provides legal advice to local attorneys, and on occasion, the judiciary, involved in senior guardianship cases.

- Consults with counsel for local hospitals and nursing homes with regard to senior guardianship cases.

- Provides guidance and referrals to the public regarding senior guardianships of Montgomery County residents.

5. Staffing/Contractual Arrangements

One county attorney is assigned to Aging and Disability Services to handle senior guardianships and related issues. The current position is held by an Assistant County Attorney III. No services are provided by way of contract.

6. Program Measures

Program Activity Data*	FY 03 Actual	FY 04 Actual	FY 05 Estimated	% Change FY 03 - 05
Workload/Outputs				
Number of adult guardianship hearings	54	49	NA	-
Number of adult guardianship petitions filed	14	19	NA	-

*Note: Not all these cases pertain to seniors. The Department also represents vulnerable adults aged 18-64; however, program staff conservatively estimate that 85% of the above cases pertain to seniors.

Source: Office of the County Attorney (Court dockets maintained by program's administrative staff)

7. Coordination with Other Senior Programs

Program staff coordinate with Aging and Disability Services Adult Protective Services and Public Guardianship programs. An attorney provides legal advice and guidance, and representation in court for senior guardianship cases. When necessary, program staff also coordinate with the Police Department's Elder Abuse Unit.

8. Strategic Planning Efforts and Future Challenges

There is no written strategic plan for this program. In terms of future challenges, program staff anticipate that the number of senior guardianship cases will increase as the population both ages and lives longer.

Program staff report that there are number of obstacles facing the program, which are areas not amenable to County intervention. For example, the County is barred by statute from serving as guardian of property. Yet, the DHHS' Aging and Disability Services is often the Petitioner in cases seeking the appointment of a guardian of property. Many individuals who are the subject of these petitions are indigent, and without funds to pay a guardian of property for services rendered. These services frequently involve completion and filing of cumbersome applications for benefits, such as long term medical assistance. The County Attorney locates local attorneys willing to serve as guardians of property for the program's clients, frequently on a pro bono basis.

MONTGOMERY COUNTY PUBLIC LIBRARIES
(SPECIAL NEEDS LIBRARY)

Program

BOOK DELIVERY SERVICES (HOMEBOUND SENIORS AND NURSING HOMES)

1. Category of Service

CATEGORY #7: RECREATION, LEISURE, & CONTINUING EDUCATION

2. Program Goal

To provide delivery services to homebound residents and nursing home residents who are unable to access public library materials and services due to age, disability, chronic illness, or frail health conditions.

3. Sources of Expenditure: FY 03, FY 04 Actuals, and FY 05 Approved

Source of Funding	FY 03 Actual	FY 04 Actual	FY 05 Approved Budget	% Change FY 03 - 05
County Funds:*				
• Nursing Homes Delivery	$14,123	$6,020	$5,696	(60%)
• Homebound Delivery	$13,849	$14,027	$14,049	1.4%
Total	**$27,972**	**$20,047**	**$19,745**	**(29%)**

*The amounts shown in this table are based on the number of staff hours dedicated to Nursing Home Delivery and Homebound Delivery programs. The 29% decrease represents an estimated 100 staff hour reduction between FY 03 and FY 05.

Source: Department of Libraries, November 2004

4. Description of Activities

Homebound Delivery. Since 1971, the Department of Libraries has provided a delivery service to homebound residents. Librarians at the Special Needs Library select books and volunteers make deliveries to eligible homebound customers. Customers eligible for the service must be Montgomery County residents:

- Who live alone, or
- Who cannot visit the library because of a permanent disability, or illness, or frailty.

Individuals who are responsible for the 24-hour care of another also qualify for the service. Customers are able to borrow library materials for a period of six weeks. In addition, the Special Needs Library (since 1991) also mails books to eligible customers.

Nursing Homes Delivery. In 1986, the Department expanded its delivery services to nursing homes. Seven volunteers deliver and pick-up a collection of 20 large print books to participating nursing homes. Nursing homes may borrow library material for a period of six weeks.

5. Staffing/Contractual Arrangements

The program's FY 05 personnel complement consists of 0.42 workyears. The table below identifies the FY 05 annual hours dedicated to the program by Special Needs Library staff.

Position Titles	Total FY 05 Hours Dedicated to Program
Senior Librarian	41
Librarian II	118
Librarian I	116
Library Assistant II	3
Library Assistant I	· 88
Library Assistant I	88
Library Page	410
Total:	864 hours

Source: Department of Libraries/OLO, November 2004

6. Program Measures

Program Activity Data	FY 03 Actual	FY 04 Actual	FY 05 Estimated	% Change FY 03 - 05
Workload/Outputs				
Nursing Homes Delivery:				
• Number of seniors served	3,013	2,751	2,751	(8%)
• Number of nursing homes served	23	21	21	(9%)
Homebound Delivery:				
• Number of seniors served	45	49	49	8%

Source: Department of Recreation, November 2004

7. Coordination with Other Senior Programs

Although, no formal coordination occurs with other senior programs, program staff report that consistent efforts are made to collaborate with other social service agencies and other community services which serve Seniors. In addition, staff who coordinate the Book Delivery Service keep in contact with all nursing homes to ensure that service is satisfactorily provided.

In terms of program outreach, the program is publicized through the Special Needs Library brochure and through the Montgomery County Public Libraries webpage (under Special Needs Library). Due to staff cuts, program outreach was limited in FY 2004.

8. Strategic Direction

Although no specific, separate strategic plan exists for this service, staff report that they interact with other agencies/services on a regular basis and look for opportunities to adjust and improve services within available resources. The Department's Director reports that the library system will be developing a new strategic plan for the library system in 2005; services to seniors will be discussed as part of next year's strategic planning process.