



Seniors First

REPORT AND RECOMMENDATIONS – NOVEMBER 2016

Seniors First Steering Committee
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Preamble

Current Structure of Governmental Services for Seniors and Older Adults:

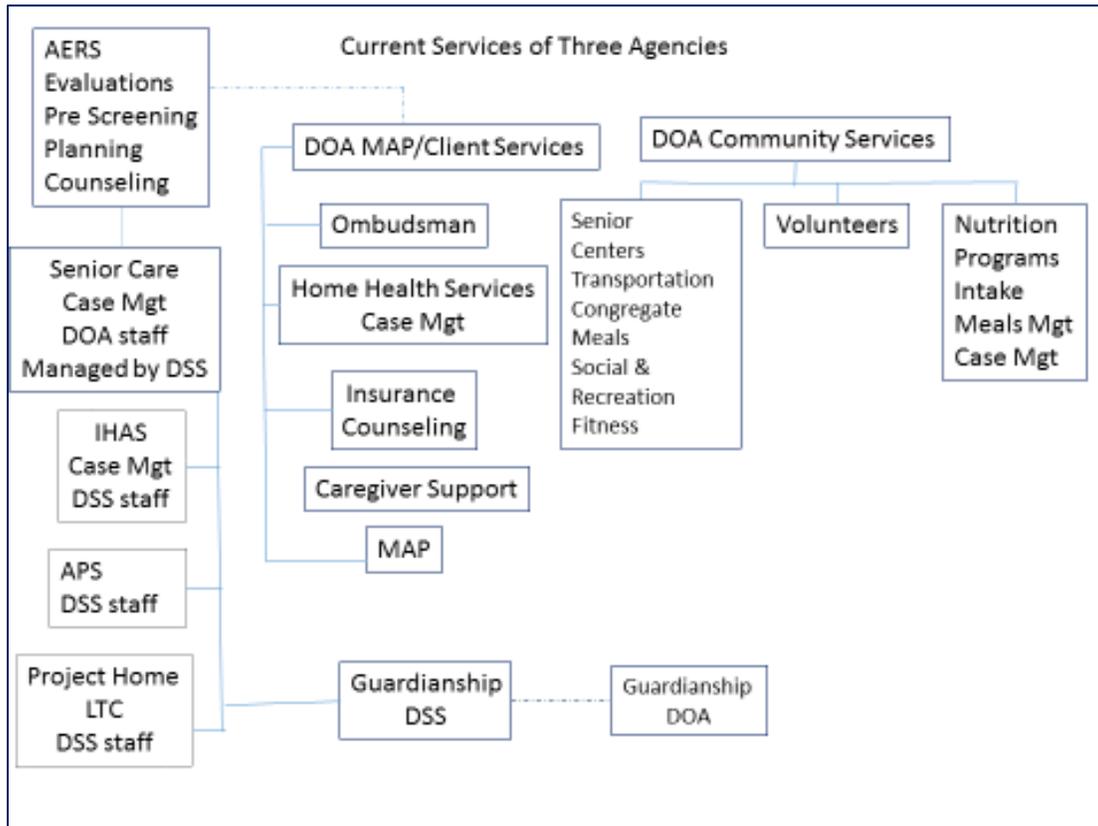
For purposes of this report, only three agencies were assessed that currently provide services for the Frederick County older adults, seniors, and adults with disabilities. The primary agency is the Department of Aging (DOA) and considered to be the local Area Agency on Aging, AAA, per the Older Americans Act, followed by the Frederick County Department of Social Services (FCDSS) and the Frederick County Health Department, specifically the Adult Evaluation and Review Services (AERS). The Commission on Aging (COA) is mandated by the Older Americans Act and is the advisory group to the Department of Aging.

AGENCY	SERVICE
Department of Aging (DOA)	Senior Centers, Transportation & Congregate Meals
	Maryland Access Point Information & Assistance
	Health Insurance Information and Counseling
	Public Guardianship
	Ombudsman
	Meals on Wheels/Home Delivered Meals
	Home Health Related Services & Supports
	Caregiver Support Program
	Volunteer Opportunities
	Senior Center Without Walls
Department of Social Services (FCDSS)	Senior Care
	Adult Protective Services
	Public Guardianship
	Project Home
FCHD – Adult Evaluation & Review Services (AERS)	Social Services to Adults/In-Home Aide Services
	Statewide Evaluation & Planning Services Evaluations
	International Resident Assessment Instrument Evaluations
	Pre-Admission Screen/Resident Review Evaluations
	Geriatric Evaluation Services Evaluations
	Elderly Grant Counseling

These three agencies, despite being separate agencies, have established informal communication mechanisms to ensure coordination of services for individual clients occur where possible.

A fourth county agency, Scott Key Center, serves adults with developmental disabilities. This program provides supported employment opportunities. Historically, the Scott Key Center and the Department of Aging have not worked together for the benefit of mutual and potentially mutual clients. However,

because AAA’s are now mandated to work with adults with disabilities and the clients of Scott Key Center have grown older, further analysis of opportunities for collaborations should be conducted. Federal mandates are requiring the DOA to serve adults with disabilities below age 60. Federal mandates for community employment programs, not center based employment, are challenging the Scott Key Center to refocus their efforts by 2019.



Executive Summary

In October 2015, the County Executive appointed the **Seniors First Committee**. This diverse committee included individuals with a range of experiences in senior services, health care, non-profits, education, business, pastoral care and community advocacy as well as staff representatives from the Citizens Services Division, Department on Aging (DOA), Frederick County Department of Social Services (FCDSS) and Frederick County Health Department – Adult Review and Evaluation Services (AERS).

The County Executive tasked the Seniors First Committee with providing recommendations laying the groundwork for what needs to be done to “reform and revitalize the DOA to champion the needs of the growing senior population”, then to provide recommendations to oversee implementation of the action items identified in the needs assessment.

The committee conducted a review of the county-based senior services located in the three government agencies and reviewed the Needs Assessment of the Aging Population. The committee conducted focus groups made up of staff and administrators from all three departments. Committee members broke into two sub-committees: one group met with citizens throughout the county in a variety of venues (senior centers, social activities and faith-based groups) to re-assess perceptions about needs and services. The other group conducted a review of the structure and financial operations of the three county departments that are providing services to seniors.

Overall Committee Recommendation

The committee’s overall recommendation is to establish a new division focused on serving older adults in Frederick County. The committee bases this recommendation on its review of available financial and service data, along with consumer review of current services for older adults. The conclusion is that a structural overhaul of county-run senior services is overdue. Simply adding some additional staff, moving individuals to different offices or even expanding financial resources will not change the current dynamic, nor will any such short-term measures create a management structure capable of addressing the needs of the rapidly growing older adult population. In order to make the best possible use of current taxpayer dollars, and ensure that future funding results in effective and response care and service, the County Executive is urged to retire the current structure, and rebuild from the ground up. The committee urges consideration of this new approach that champions the needs and gifts of older adults within a data-driven process that values innovation, a willingness to partner outside of county government, and exceptional customer service and data management. This new approach would elevate what has been the Department of Aging to a division level entity within the county government. It would move the “traditional aging services” from its current position in the Citizens Services Division to a division unto itself.

Growing Senior Population and Its Impact

People do not age in the same manner. While the physiologic process is the same how it is manifested in each of us differs significantly. Therefore, the services needed to address the needs of the older adult population must consider these different manifestations. Also, while aging is thought of as a longitudinal process it does not have to be only in one direction. It is known that our multiple reserves

decrease as we age. But there are ways of reducing the rate of decrease as well as recovering reserves somewhat.

Older adults can be categorized into three groups: Healthy & Active, Isolated & at Risk, and Frail. Services should be structured to address the needs of older adults in these three categories. The basic classification of needs of individuals within each category will be the same but how they are addressed differs significantly. **The care delivery model must be flexible enough to allow the individual to move within it.**

According to the Frederick County Department of Planning, as of January 2015, Frederick County's total population is estimated at 242,559 people. The number of older adults age 60+ in Frederick County is estimated at 47,708 and is growing at a rate three times that of the overall population (*Maryland Department of Planning, Maryland Data Center*). As a result, the proportion of the County's population that is older is growing larger. **By 2020, the number of adults age 60+ in Frederick County will surpass the number of school age children.** The number of older adults (60-85+) in Frederick County will reach 60,171 while the number of school aged children (5-19 years old) will reach 49,203 (MD Dept. of Planning, MD State Data Center).

Much of this growth is occurring in the age groups between 60 and 70, and reflects the aging of the first four years of the baby boomer generation, particularly those born between 1946 and 1950. This new group of mature adults brings different expectations and life styles into their retirement years, requiring Frederick County to make changes to its approach to services and programs.

The increase in those 85 and over presents a different kind of challenge. **Over the next 25 years, the 85 and over age group in Frederick County will almost quadruple** (*Maryland Department of Planning, Maryland State Data Center*). This group is more likely to need in-home services, and long-term care and also be dependent on family members to remain in the community. A higher proportion of this age group suffers from various forms of dementia. The result is a growing demand for support services, to which the DOA is trying to respond based upon current staff and available resources.

This data indicates we must focus on ways of keeping our healthy and active older adults at this healthy level of functioning for as long as possible. We must ensure that there are financial resources to meet the needs of these individuals. We must also continue to improve existing services and to design and develop new services to meet the needs of this population group. These processes will require creativity and an evidence based evaluation methodology to ensure systems, programs and services are effective for the consumers, the providers and the payers. Public private partnerships will be critical in meeting these increasing needs as all levels of government will not be able to provide all of the services required.

The number of citizens who need help has grown tremendously and the state mandated requirement to also serve people age 18+ who have a disability has severely impacted the DOA's ability to provide timely and necessary assistance. In FY '14, the DOA provided 198,984 units of service (individual activities or services provided) despite a 10% reduction in staff. This represents a 55% increase in the

number of clients served over the past eight years. The DOA has reached capacity at a time when the older adult population, along with the demand for services in order to age in place, is growing exponentially. The DOA experienced uncertainty of funding and staffing challenges in the past eight years. In recent years, the DOA has also experienced a transition of federal/state funding from allocation based funding to fee for service funding. The DOA has coped with reduced program budgets, a severe strain on community resources (especially affordable housing) and restrictions on funding which limit its ability to adapt services to emerging needs.

Needs and Trends Challenging Existing Local Resources:

- More people are in need of services yet very few options are available given long wait lists and funding considerations.
- A significant increase in the number of older people need affordable housing.
- More seniors are unable to afford necessities, including utilities, medication and food.
- A growing number of individuals with intellectual disabilities and *behavioral health disorders* are seeking services and assistance.
- More applicants experiencing different stages of dementia are seeking services.
- New barriers for older adults seeking access to health care are emerging. Primary care physicians in the County are less willing to accept and in some cases are closing their practice to new and existing Medicare patients.
- Nutrition needs change and increase as the number of frail elderly in the County grows.
- An increase in older adults, families and caregivers with complex needs require assistance navigating systems. These clients often require advocacy, case management and close coordination by DOA with other service agencies.
- Patients discharged from the local hospital need help transitioning to community-based services.
- Long-term clients aging in place need more in-home services or a more structured environment but lack the funds to purchase these services.
- The County has limited public transportation services for seniors and the disabled although inroads have been made in the current fiscal year. ParaTransit funding is just not enough to meet all of the demands. Routes are difficult for some to navigate, scheduling is not always flexible based on medical appointment needs and pricing can be an obstacle. The few volunteer transportation alternatives struggle to keep up with high demand from users.
- Affordable dental care for seniors without insurance is not readily available.

Strengths of Current Resources

Despite these trends, the DOA remains committed to serving older adults with the highest quality of services and with a focus on person-centered, consumer-directed care options. Staff demonstrate strong commitment and dedication to clients and are very proud of what they are currently doing in their various jobs which is to be commended. The leaders of all three departments are very knowledgeable of current state and federal government funding mechanisms which currently drive the functioning of each department. The County provides strong financial support for senior services. Volunteers contribute to many of the services within the DOA. Citizens' perception of services that they have received is very positive. There is a heightened awareness of

- the growing senior population,
- how it will be impacting the need and provision of senior services, and
- how the medical and health care needs of seniors can be better met in the community

Progress Towards Established Goals – Aging Needs Assessment & Seniors Leadership Team

County staff, Frederick Memorial Hospital and Advocates for the Aging, a nonprofit advocacy group have been working on many of these goals. The key efforts thus far include:

- Attract geriatricians:
 - Frederick Memorial Hospital (FMH) through Capital Coordinated Medicine, contracts with health care providers who will make home visits to clients. This began in December 2015.
 - A five chair dental clinic opened in June 2016 under the auspices of Monocacy Health Partners, an FMH affiliate. This clinic is the direct result of work by the Local Health Improvement Plan subcommittee, Frederick Memorial Hospital (FMH) and the University of Maryland Dental School.
 - The Johns Hopkins School of Public Health is conducting a research grant to assist general practice offices with how to better serve their older adult patients. One of these practice sites is in Frederick.
 - Advocates for the Aging and Frederick Memorial Hospital are working with Altarum Institute and Dr. Joanne Lynn in doing a feasibility study to determine if a PACE (Program for All Inclusive Care of the Elderly) program would be an option for Frederick County. This is a Medicare program specifically designed for frail older adults and is all inclusive in terms of services provided for the individual.
 - Frederick Memorial Hospital is opening a clinic for adults with chronic diseases in the Brunswick area where, currently, there are no physicians taking new Medicare patients.
 - The DOA has ongoing partnerships with three colleges/universities to provide clinical experiences for nursing students such as Meals on Wheels (MOW) assessments, health screenings, and health management education.
 - In November 2016 the DOA in partnership with the Martinsburg Veterans Administration allow local support groups to meet at the Frederick Senior Center and one on one counseling will be offered to veterans. Frederick County has the highest percentage of veterans in the 25 counties served by the Martinsburg VA hospital.
 - The DOA awarded two contracts for respite services (home care and adult day services) to aid older adults to age in place.
- County funding was secured for a Volunteer Coordinator position in the DOA to implement a strategic plan for volunteerism that will directly impact the lives of seniors and that focuses on engaging active seniors as volunteers.
- County funding was secured for a registered nurse in the AERS program to oversee care plans developed by community health nurses.

- On September 1, 2016 Citizens Care and Rehabilitation Center and Montevue Assisted Living facilities returned to full ownership by the County. The facilities will continue to be managed by the current management firm for at least another 18 months.
- Efforts to continue the creation of a continuum of affordable housing, assisted living and skilled care for seniors; work to ensure affordable housing options so no senior is without housing:
 - An Affordable Housing Study has been conducted and the study report is pending.
 - Seton Village senior housing project was completed as a result of collaboration and blended funding between the Daughters of Charity, state funders of affordable housing, and the Weinberg Foundation.
 - The County is just about to settle on the sale of 520 North Market Street property to Interfaith Housing Alliance and PIRHL, Inc. This property will be redeveloped and will provide apartments for low to medium income individuals and families which could include older adults.
 - Using housing funds, the County has established an MOU with the Religious Coalition to provide services to prevent homelessness.
 - A new Housing Program Manager position was added in the Department of Housing and Community Development to help develop and monitor new affordable housing projects and initiatives throughout the county.
 - DOA is investigating nearby/regional programs that promote roommate matching. The DOA has engaged a graduate student to investigate funding opportunities for such a program.
- Transportation is an important issue for our older adults and has been addressed in all of the needs assessments. Several plans are underway to increase available transportation through TransIT and other providers. A joint taskforce with the Chamber of Commerce is studying the transportation issues and is developing a plan to increase the availability of para-transit. The taxi voucher program is now in place. The County has added several new vehicles, increasing the availability of equipment. More vehicles and drivers are in the procurement and hiring queue for this upcoming year.

Opportunities for Change and Adaptation

Current senior services are driven by state and federal funding sources and mandates rather than local goals and mission. Frederick County may choose to address local goals and mission in a manner in which the federal and state funding will be supplemental and complementary to the local investment but not take precedence over the local investment.

A lack of data (services, finances, customer, etc.) stymies effective decision making and goal setting within the DOA. Mission and goal driven processes, using consistently evolving data, would allow for outcome measurements which do not currently exist: evaluating successes and gaps in service, customer satisfaction and changing needs.

Reporting mechanisms to supervisors and County officials are not in a format and do not contain data or information that allows decision makers to be fully informed on the burgeoning needs for older adults within our County. Successes are not identified in a manner that supports replication or continued improvement.

Operating with a philosophy of continually evolving performance measurement and improvement should be utilized for all key functions within the department. All staffs should be committed to this process and use it to drive decision making.

Technology opportunities abound for assisting individuals as well as assisting providers in managing and improving services.

There is a need to demonstrate the fiscal value of services, particularly considering the transition of government funding reimbursement to fee-for-service models.

Engagement of older adults beyond the traditional senior services is an area for growth and collaboration. Retirees and other older adults have expertise they could be sharing in the community and need a mechanism for doing so.

Local Government could do more:

- Collaborate with community-based services to increase resources to assist middle and low-income seniors to remain in the community.
- Ensure affordable housing for needy seniors.
- Ensure adequate primary healthcare and preventive health services for the disabled and senior population
- Ensure there is accessible, appropriate transportation services throughout the county for the disabled and senior population.

A New Structure – A New Division

This newly elevated division would be led by a director who would oversee all of the division services and operations. This position could be a direct report to the Special Administration Director instead of the Citizens Services Division Director. The resource development and public relations functions would be managed at the division level. The division director would directly supervise the three department manager/directors (some new positions) and the Resource Development and Public Relations Manager (new position). This new division would:

- Meet County Executive's priorities of setting goals, performance management and improvement
- Elevate focus on population needs and trends
- Best address current community needs and action plan from Aging Needs Assessment
- Be a model for a One Stop Shop for Seniors
- Ensure expert knowledge of older adults and senior issues support is made available and utilized in planning for and the evaluation of services for seniors

- Identify and Facilitate public private partnerships to assist with needed resources
- Incorporate greater use of technology for overall management and delivery of services
 - Designed for seniors communication
 - Public relations
 - Management
 - Financial tracking
 - Outcomes
 - Performance Improvement
- Include a focus on resource development
- Ensure communication and collaboration with all partners

Purpose: Division will be the center within the county for the identification, facilitation and coordination of needed services for our older adults as they move along a continuum from active and healthy to being in need of intensive assistance to remain independent and in their preferred housing location. The division will also be an active advocate for the needs of older adults.

Services: Services are organized to facilitate or navigate adults through a services menu tailored to their wants and needs. Services must be flexible enough to move and adapt with the individual as he/she moves back and forth on the continuum. Services may be provided directly or through partnerships with community agencies, both for profit and not for profit and with other government organizations. They may also be offered at a variety of locations.

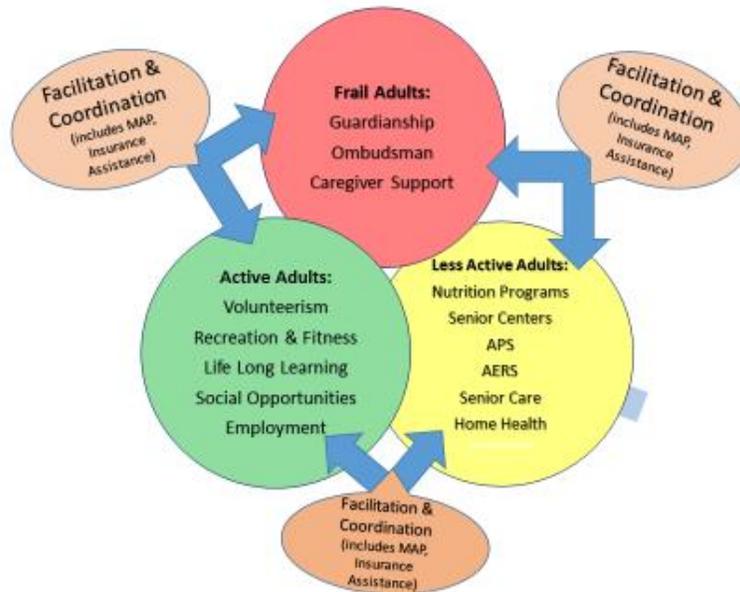
Structure: Utilizing current resources from multiple government funded agencies that cater to adults and seniors, the new division would structure services into two primary categories – a) active healthy adults and b) less active, more challenged older adults and seniors who would benefit from further services facilitation support. The division will make maximum use of technology resources, both current and newly developed, to deliver the highest quality services at the most reasonable cost.

An administrative component of the division would include separate operational, public relations, and resource development functions. These functions would focus on facility support, administration, data and financial management as well as the development of additional resources and promoting the division services. This component would also work with the local commissions, boards, and community organizations that advocate for adults and seniors.

From the Adult's Perspective:

This division would provide a single point of entry or one stop shop for older adults and seniors to locate desired activities and services. The first step for any older adult or senior is to inquire either by phone, website or in person. Facilitators or service coordinators would handle the inquiry and begin the navigation process. This first step would include varying levels of triage as more interests and needs are discussed. Referrals to additional services and activities would progress as the adult identifies their interests, etc. The facilitator would periodically follow up with the adult to determine if all interests are being met.

New Division Direct Services Continuum



General Management/Administrative Recommendations

Program performance management and improvement framework should include utilizing data, evidence based outcomes and cost benefit analysis. These should drive all management goals by the division director.

Shift focus of organization to being goal driven based on the development of a strategic planning process and incorporated analysis of needs

Fiscal accountability is a management function and should continue to be an important strategy in decision making.

There should be key metrics and a dashboard established for the division that are working tools across all levels of the organization.

The division director should continue to track proposed legislative and financial changes. Revenues are changing to a fee for service system rather than a grant allocation system. With the emphasis at the Federal and State levels of government to control Medicare and Medicaid costs this is doubly critical to review at the county level.

Develop monitoring tools and spreadsheets for several of the functions within division to begin to increase data focused decisions. Do not delay data collection and management for a sophisticated software package that may eventually be mandated by the state. Implementing a simpler format will help in determining what is needed in a more complicated system for the future.

Incorporate Technology Enhancements to better inform consumers and to streamline staff communication, management of resources, and reporting mechanisms.

Initiate regular analysis to determine the effectiveness of various programs for the older adults within the County. Utilize evidence based studies for the analysis.

Identify Strategic Planning goals for each area of DOA for each fiscal year, and then in three and five year cycles. Maintain ongoing annual review to ensure progress and effectiveness.

Revise reporting tools to begin to match goals established by the County Executive and the Division.

Work with the Frederick County State delegation regarding need for better data collection systems with State and Federal agencies.

The Commission on Aging is legislated in the Older Americans Act and was originally established in Frederick County by ordinance. This ordinance must be revised to reflect the charter government as well as the role of the commission as defined in this report. A review and modifications to appropriate county and legal documents and by-laws are necessary.

General Public Relations/Customer Driven Recommendations

Decide on a name for the new division.

Utilize local public relations consultants and/or “Leaders on Loan” via Chamber of Commerce Leadership Frederick to develop new logo, brand for county older adult services and advisory group. Establish a public information position to oversee all public relations efforts.

Establish customer satisfaction strategies as a key function of all levels of services and staff engagement.

Reduce or eliminate wait lists for services. Continual analysis of wait lists and creative problem solving are necessary.

Develop an engagement plan for volunteerism and other opportunities for active older adults to be utilized in the community beyond the volunteer activities that are available within the division services. Older adults may have expertise as well as a desire to give back to the community.

Program Specific Service/Capacity Building Recommendations

Analyze the existing Senior Center structure. In each community where a senior center exists, stakeholders in the community should be involved in the analysis. Determine if the senior center is meeting the needs of the older adults in the community.

Conduct a facility review to determine long term facility needs and potential capital projects. The County could visit other Maryland centers that incorporate recreational and fitness resources with other older adult activities in one multi-purpose center as a model to consider.

Analyze the nutrition programs to determine cost benefits and an evaluation of quality of foods and food vendors. With the county retaining Citizens Care and Rehabilitation Center which has an expanded food service structure and capability, the county should revisit the plan for Citizens to be the primary food vendor.

Despite an infusion of county funding and three additional routes initiated, public feedback indicates that there are multiple issues with the Meals on Wheels service that need to be addressed quickly.

Enhance multi-agency collaboration and consider collocating as many older adult focused services at one site. The intent is to provide a higher level of synergy with collocating and willingly integrating services and staffing. An analysis of the staffing applied by each agency will be necessary to determine any duplicative functions and/or gaps in coverage.

Improved synergies would be realized if all government services providing in home care, case management, and personal care supports were coordinated within one team and site location. This would require a concerted effort of the partner agencies to evaluate and restructure the Senior Care, In Home Aide Services, the Home Health Related Services and Supports and the Adult Evaluation and Review Services.

Expand the Ombudsman staffing resources to accommodate the growth in long term care and assisted living facilities and the increasing requests from consumers and professionals. There are currently 9 long-term care nursing homes with a total of 1,060 beds and 21 assisted living facilities with 775 beds in Frederick County.

Expand the resources of the Caregiver Support Program. As the older adult population expands, the number of caregivers will expand as well.

Expand the resources and staffing that performs the public guardianship caseloads. Over the past five years, the public guardianship caseloads managed by the department have doubled.

Recreation and Fitness services should be primarily provided via the Frederick County Parks and Recreation Division. If the Parks and Recreation Division took over management of fitness and recreational services in collaboration with the division, senior center staff could spend more time working on other services.

Learning and social activities can be enhanced with stronger partnerships with learning institutions and other organizations.

Develop a formal collaboration with Workforce Services to provide employment services. Consideration and research into potential Older American Act funding for employment services should be conducted.

Monitor primary care practitioners to ensure there are adequate numbers of practitioners accepting Medicare patients and that primary care practices are organized to address the specific needs of older individuals.

The State of Maryland Aging and Health and Mental Hygiene departments as well as federal agencies have been moving towards combining services to older adults and adults with disabilities. Funding mechanisms are shifting to fee for service models instead of grant allocation models. Over the past several years, the MD Department of Aging has been requiring AAA's to establish partnerships with local agencies serving adults with disabilities. Initial steps have been initiated and more is necessary in Frederick County. As a second phase of the recommended restructure, the Seniors First Committee recommends that the County forge along this path and consider including other county services that serve aging adults and adults with disabilities into the new division. One example is the Scott Key Center, which serves adults with disabilities. Greater synergy, revenue enhancement, collaboration, and program development is crucial for serving the needs of older adults and adults with disabilities in Frederick County.

Frederick County has received immigrants and refugees from different countries over the past twenty years and continues to present. This population increase has brought a rich cultural tapestry to our communities. However, it has also brought challenges for communication due to multiple languages as well as basic needs and expectations that are cultural specific. As these populations age there needs to be more focus on their resources, needs and cultural expectations. To meet these challenges, government agencies will need to develop partnerships with the different non-profit, faith, and social groups that are representative of the different cultures.

Recommended Next Action Steps

The Seniors First Steering committee has made over 30 recommendations in this report. The next action steps are outlined below and include timeline targets. These are recommended to allow for inclusion in the budget development for the upcoming fiscal year. We recognize that the timeline is extremely ambitious. The County Executive may certainly modify the timeline as necessary. A reprioritization of the recommendations may be necessary and may stretch the implementation phases into the future years as resources are available.

Acceptance of the report and recommendations:

County Executive accept the report and recommendations. Announcement of the report is provided to the public and critical stakeholders. **Target: November 2016**

Implementation of new division:

Implement the staff reorganization and establish the new division. Phase in as appropriate and as resources are refined, developed, and secured. Consider initial implementation to occur and be budgeted for second half of fiscal year 2018.

Analyze current staff and financial resources with recommended structure – identify gaps in resources, opportunities, budgetary issues, additional next steps for implementation, etc. Identify phases of implementation. Develop revised and new job descriptions – County Executive Office, Citizens Services Division, and other designated divisions. **Target: December 2016, January, February 2017**

Work with Frederick County Parks and Recreation to determine how/when to transition recreational and fitness activities oversight – include budgetary issues, facility issues, etc. – County Executive Office, Citizens Services Division, and other designated divisions. **Target: November and December 2016, January 2017**

Analyze co-location possibilities with partner agencies – start with FCDSS older adult services and AERS of Frederick County Health Department, then include other non-government agencies. Identify phases of implementation. County Executive Office, Citizens Services Division and other designated divisions. **Target: January, February 2017**

Decide on new name for the division. Utilize volunteers and marketing specialists to develop the name. **Target: March 2017**

Address the changes to the county ordinance that establishes the department and commission to reflect the charter government as well as the role of the commission as defined in this report. **Target: January - April 2017**

There are other recommendations in the report that address general management and administrative recommendations. These should be implemented as appropriate throughout the implementation of the new division. Examples include but are not limited to developing monitoring and evaluation tools for services, tracking legislative items, reporting tools, conducting a long-term facility needs analysis. Additionally it will be important to develop a multi-year financing plan for the reorganization because every recommendation cannot be done in one year. A redrafting of the AAA Area Plan for revisions reflecting the new division will need to be completed when appropriate.

Services/Program Next Steps (Some to be addressed in FY2018 budget cycle appeals):

Address the wait list issues with the Meals on Wheels program. **Target: December 2016, January 2017 and July 2017 (new budget year)**

Increase the capacity of the facilitation and coordination staff capacity to accommodate growing demand. Add one additional MAP coordinator position in next budget cycle. **Target: July 2017 (new budget year)**

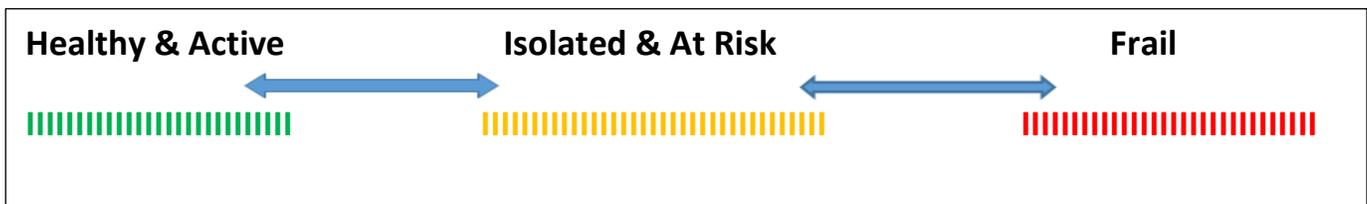
Analyze the existing senior center structure. In each community where a center exists, stakeholders in the community should be involved in the analysis. Determine if the senior center is meeting the needs of the older adults in the community. **Target: June – December 2017**

Develop an engagement plan for active older adults to be utilized in the community beyond the volunteer activities that are available within the division services. **Target: May – July 2017**

Other capacity recommendations are included in the report. These should be assessed and prioritized throughout the first and second year of the implementation of the new division. We know capacity is at peak levels in many services and functions of our aging services. As increases in demand peak further and as resources allow, these recommendations should be incorporated in future budget cycles.

Introduction

We all do not age in the same manner. While the physiologic process is the same how it is manifested in each of us differs significantly. Therefore, the services needed to address the needs of this population must consider these different manifestations. Also, while we think of aging as a longitudinal process it does not have to be only in one direction. We know that our multiple reserves decrease as we age. But there are ways of reducing the rate of decrease as well as recovering reserves somewhat. The model that follows combines older adults into three groups and reflects our conclusions as to how services should be structured to address the needs of our older adults. The circles are equal in size and are interconnected. The box at the bottom of the model has the same groupings but also shows gradients within each group. The arrows indicate there can be movement in each direction. An individual may not move through each grouping but at any given time there are individuals within our County in each of these groups.



The basic classification of needs of individuals within each group will be the same but how they are addressed differs significantly. For example, nutritional services for active adults may only be education and an opportunity for socialization while for the frail individual services may include providing nutrition and hydration, as well as assisting the person to eat and drink. For the isolated or at risk person services may include assisting the person to obtain the food and monitoring their nutritional status on a regular basis. Also, the healthy adult who has a serious fall may move into one of the other groupings either permanently or for a period of time during rehabilitation. **The care delivery model must be flexible enough to allow the individual to move within it.**

Medicare will be challenged to continue the current levels of coverage as the older adult population swells. When Medicare started in 1965 frail elderly individuals were rare. In the 1960 census there were less than 1 million citizens over 85. By the 2000 census this over 85 group had a population of 4.2 million and the United States Census Bureau projects by 2050 the group size will be 18 million. According to the Pew Research Center by this same time frame the under 15 population will increase by 17% while the 85 and over population will increase by 231%. It is now projected that those 85 and older will have limitations in one or more Activities of Daily Living (ADL) such as bathing, dressing, mobility, continence and eating. The bulk of Medicare expenditures occur in the last 18 months of an individual's life.

Maryland's population of individuals over 60 is projected to grow by 40.32% by the year 2030 according to the 2016 Maryland State Plan on Aging. The projected fastest growing segment of the population within Maryland is individuals between 80–84 or from 96,437 in 2015 to 227,527 by the year 2040 or a 136% increase.

According to the Frederick County Department of Planning, as of January 2015, Frederick County's total population is estimated at 242,559 people. This is an increase of 2,599 or 1% for 2014. Since 2010, the population has increased by 9,174 at an annual average rate of .08% per year (*Frederick County Annual Planning Report, 2014*). The number of older adults age 60+ in Frederick County is estimated at 47,708 and is growing at a rate three times that of the overall population (*Maryland Department of Planning, Maryland Data Center*). As a result, the proportion of the County's population that is older is growing larger. **By 2020, the number of adults age 60+ in Frederick County will surpass the number of school age children.** The number of older adults (60-85+) in Frederick County will reach 60,171 while the number of school aged children (5-19 years old) will reach 49,203 (MD Dept. of Planning, MD State Data Center). The population of persons with disabilities in Frederick County currently represents 9.4% of the total population, equaling 23,086 individuals who may require the DOA's assistance (*U.S. Census Bureau, American Fact Finder, Disability Characteristics, American Community Survey 5 year estimates*). The Social Security 2014 Fact Sheet reports that "just 1 in 4 of today's 20 year-olds will become disabled before reaching age 67."

Much of this growth is occurring in the age groups between 60 and 70, and reflects the aging of the first four years of the baby boomer generation, particularly those born between 1946 and 1950. This new group of mature adults brings different expectations and life styles into their retirement years, requiring Frederick County to make changes to its approach to services and programs.

The increase in another age group, those 85 and over presents a different kind of challenge. **Over the next 25 years, the 85 and over age group in Frederick County will almost quadruple** (*Maryland Department of Planning, Maryland State Data Center*). This group is more likely to need in-home services, and long-term care and also be dependent on family members to remain in the community. A higher proportion of this age group suffers from various forms of dementia. The result is a growing demand for support services, to which the DOA is trying to respond based upon current staff and available resources.

All of this data indicates we must focus on ways of keeping our healthy and active older adults at this healthy level of functioning for as long as possible. We must ensure that there are financial resources to meet the needs of these individuals. We must also continue to improve existing services and to design and develop new services to meet the needs of this population group. These processes will require creativity and an evidence based evaluation methodology to ensure systems, programs and services are effective for the consumers, the providers and the payers. Public private partnerships will be critical in meeting these increasing needs as all levels of government will not be able to provide all of the services required. Other public and private sectors will need to respond to the needs also.

Frederick County, like many non-urban counties in Maryland continues its transition from a rural community toward a more densely populated jurisdiction with the challenges to infrastructure such growth brings. This includes challenges to the health and human service infrastructure, which was originally designed for a smaller, more rural population. While the County is relatively prosperous overall, it is home to a growing number of people with financial, social and health needs. As noted above, the rapid growth of the older adult population is re-shaping the County's demographics; increasingly the face of need in the County may be that of a senior citizen.

Prior to 2015, the DOA's ability to offer assistance to older adults had been challenged by reductions in staff and stagnant fiscal resources. The number of citizens who need help has grown tremendously and the state mandated requirement to also serve people age 18+ who have a disability has severely impacted the DOA's ability to provide timely and necessary assistance. In FY '14, the DOA provided 198,984 units of service (individual activities or services provided) despite a 10% reduction in staff. This represents a 55% increase in the number of clients served over the past eight years. The DOA has reached capacity at a time when the older adult population, along with the demand for services in order to age in place, is growing exponentially. The DOA experienced uncertainty of funding and staffing challenges in the past eight years. In recent years, the DOA has also experienced a transition of federal/state funding from allocation based funding to fee for service funding.

DOA remains committed to serving older adults with the highest quality of services and with a focus on person-centered, consumer-directed care options. However, DOA has coped with reduced program budgets, a severe strain on community resources (especially affordable housing) and restrictions on funding which limit its ability to adapt services to emerging needs. DOA staff is taking greater strides to reach out to the community by hosting Information and Assistance (I&A) events at the senior centers and older adult housing communities and complexes. The DOA has regular events at these

locations in order to assist older adults with the completion of government benefit applications and provide health insurance counseling about insurance invoices and Explanation of Benefit forms. Staff offer resolutions and recommendations to older adults and their family members as they attempt to navigate what can be considered complex governmental systems.

Over the years, DOA has developed expertise in finding resources for individuals in need. In some areas such as caregiving and health insurance, DOA has a reputation for helping people of all ages, not just older adults. As a result, as more seniors, their families, and younger adults struggle to obtain help, DOA faces growing pressure on its service system.

Although the economy is slowly improving, persons who previously would not have needed assistance from any organization when economic times were better are now facing financial and personal situations that are difficult for the individuals and agencies to resolve. The inability of family members to provide support because of their own challenges is one reason for the influx of new clients to the DOA. Rising costs for adequate housing, utilities and food as well as unemployment and under-employment creates hardships for everyone, including lower income seniors and their families. Our traditional non-profit partners are also struggling to keep up with the demand for services even as their financial status has declined. As a result, it seems that there may be fewer people/organizations that are in a position to help older adults and their families as they once did. In fact, in recent time, the food banks regularly request food donations due to empty shelves.

From the Frederick County Area Plan for Aging Services, areas of need or stagnant resources are noted below:

- More people in need of services yet very few options are available given long wait lists and funding considerations.
- A significant increase in the number of older people who need affordable housing. The waiting list for subsidized housing in the County is over 400 persons, and clients of DOA often wait years to obtain a Section 8 subsidized apartment. Rents in Frederick County are higher than what many older adults can afford. (monthly rent for 1 bedroom market apartment exceed \$1,000)
- More seniors are unable to afford necessities, including utilities, medication and food.
- A growing number of individuals with intellectual disabilities and *behavioral health disorders* who are seeking services and assistance. Increasingly, this group includes adults of all ages.
- More applicants experiencing different stages of dementia are seeking services. The private sector has few affordable supervised care facilities for these individuals.
- New barriers for older adults seeking to access health care. Primary care physicians in the County are less willing to accept and in some cases are closing their practice to new and existing Medicare patients. This is a major issue, given the growth of the Medicare eligible population.
- A change in nutrition needs as the number of frail elderly in the County grows. Enrollment in the home delivered meals is growing, while the congregate program has decreasing participation.
- An increase in older adults, families and caregivers with complex needs who require assistance navigating systems. These clients often require advocacy, case management and close

coordination by DOA with other service agencies. DOA does not have a sufficient number of staff members to provide regular case management for the clients; many of whom do not have family support.

- Patients discharged from the local hospital that need help transitioning to community-based services.
- Long-term clients aging in place who need more in-home services or a more structured environment but lack the funds to purchase these services.
- Lack of transportation services. The County has limited public transportation services for seniors and the disabled. Routes are difficult for some to navigate, scheduling is not always flexible based on medical appointment needs and pricing can be an obstacle. The few volunteer transportation alternatives struggle to keep up with high demand from users.
- Affordable dental care for seniors without insurance

The County's Process to Assess Senior Services

The process to assess senior services began with a federal grant-funded **Needs Assessment of the Aging Population in Frederick County, Maryland** which was published by JustPartners, Inc. and presented to the Board of County Commissioners (BOCC) on October 17, 2013. The needs assessment paid special attention to the approaching “tsunami” of a projected 150% increase in the county’s senior population growth by 2030 and identified seven major areas of need, goals and an action plan for each area:

- Accessible and affordable housing
- Transportation Options
- Long term services and support
- Opportunity for health
- Social and civic engagement
- Economic and workforce development
- Communications, outreach and collaboration

The DOA, under the Citizen Services Division, began to work on some of these goals identified after the BOCC acceptance of the needs assessment during years 2014 and 2015. In December 2014, the County Executive initiated a **Seniors Leadership Team** tasked with revisiting the needs assessment and providing recommended steps toward fulfilling the action plan. The Leadership Team presented five goals in their report:

- Reform and revitalize the DOA to champion the needs of the growing senior population
- Ensure senior wellness and quality of life
- Provide resources for senior services
- Ensure seniors have adequate and affordable housing and health care
- Provide transportation options for use by seniors

In October 2015, the County Executive appointed the **Seniors First Committee** as the third step in the evolution of the county's process to identify the needs of seniors and identify and allocate appropriate government resources to meet mandated service standards within Frederick County. This diverse committee included individuals with a range of experiences in senior services, health care, non-profits, education, business, pastoral care and community advocacy as well as staff representatives from the Citizens Services Division, DOA, FCDSS and Frederick County Health Department.

The County Executive tasked the Seniors First Committee with providing recommendations laying the groundwork for what needs to be done to “reform and revitalize the DOA to champion the needs of the growing senior population”, then to provide recommendations to lay the groundwork for what needs to be done and to oversee implementation of the action items identified in the needs assessment.

The committee approached their task by conducting an overview of all county-based senior services located in the DOA, FCDSS, and the AERS program in the Health Department and reviewed the Needs Assessment of the Aging Population (to be called Aging Needs Assessment for the remainder of the document). The next step was to conduct focus groups made up of staff and administrators from all three departments. Finally, committee members broke into two sub-committees: one group met with citizens throughout the county in a variety of venues (senior centers, social activities and faith-based groups) to re-assess perceptions about needs and services. The other group conducted a review of the structure and financial operations of the three county departments providing services to seniors. Full reports from both committees and the focus group are in the Appendix. Below are summaries of issues noted from each of the three activities.

Staff focus group

Over 40 staff from the three agencies (DOA, FCDSS, and AERS) participated in a large focus group discussion. The staff were divided into five subgroups that were a mixture of staff from each agency. The administrators or supervisors from the agencies were grouped together. The subgroups included staff in varying roles and positions. Seniors First Committee members facilitated the group discussions. In each group, four questions were asked. Many themes emerged from the focus groups.

What is the aspect of your job that has the most value?

We provide transportation; opportunities for socialization; good customer service. More seniors can stay home. We help navigate systems and resources; make connections; have real impact on lives; build trust; give companionship. We validate, listen, build trust and ensure dignity. We prevent abuse and neglect. Local teamwork and collaboration builds community.

What is the aspect of your job that has the least value?

Some seniors' incomes are just over the line making them ineligible but we know they need the service. Eligibility determination for some federal/state programs must be assessed every 6 months. Having wait lists for services; demand high enough that triage is done. Quality of, lack of flexibility in menu choice, and nutritional value of congregate and home delivered meals. Time spent in meetings

that don't provide value to clients. Duplicative reporting. Compassion fatigue and staff burnout. Lack of dementia services. Serving seniors with mixed abilities and needs at centers is too difficult. Client expectations are high and expect immediate services. Growing demand for services without more resources for those services. Policies and directives developed without local staff input.

What impact does the expanding older adult senior population have on your work?

Current capacity of providers won't be able to handle the demand. Must increase capacity. Demands for transportation, housing, mental health and other services will grow. Mixing seniors with varied capabilities – physical, emotional, cognitive – will be more challenging as more seniors come for services. Larger waiting lists. Mandates for reporting and for services will be limiting and challenging. Language and cultural barriers will expand. More volunteers will be needed. Increased volume can decrease quality of services. Increased level of frail and needy. Staff ability to respond may lessen due to volume and current capacity. Expanding diverse population creates language and cultural barriers.

What would you change about county government services?

Better relationships. Increase capacity of services. More collaborative community supports and partnerships. Increase funding for staff and services. More opportunities for change. Be more proactive. New ways to deliver services. Add new services. Improve use of technology. Reduce or prevent wait lists.

Subcommittee Citizens Interviews

Members of the Seniors First Committee completed an abbreviated survey of county residents for the Committee's report to the County Executive in order to update the focus group findings of the original Aging Needs Assessment. Committee members deemed it important to speak with representative groups within the county to ensure that a broad range of individuals were aware of the Seniors First Committee task and that the committee did, indeed, reach out for community comment.

Committee members met with thirteen (13) different groups of individuals throughout the entire county. The groups included those who gathered at Senior Centers, in senior housing developments, in faith communities, and with groups of immigrant and non-English speaking seniors. There was also a separate meeting with the Frederick County Commission on Aging.

The Committee created two survey tools: one specifically designed around Senior Center functions and use, and the other with questions related to awareness of senior services, degree of participation in services and suggestions for improvements or additional needs.

In summary, responses from the citizen groups focused on a common set of needs and concerns: problems in transportation, affordable housing, and communication with seniors in their communities, access to healthcare and providers, flexibility of senior center services, access to healthy foods, and access to home maintenance services. The Commission on Aging discussion focused on more and better data collection and analysis to better determine the needs and interests of seniors and evaluation of service provision, how to make it easier for the Commission to advocate for senior needs and inspire change as needed, and how the Commission and the Department of Aging communicate and work together.

Subcommittee Data and Financial

The DOA, FCDSS, and AERS are included in the review completed by the work group. It is clear these three agencies closely coordinate their services and communication to meet the needs of our citizens. This informal coordination is important especially between DOA and FCDSS as there are services that are shared between the two agencies. In addition to the services being shared funds are transferred from DOA to FCDSS for the Senior Care services. This structure is long standing and has not been evaluated recently to determine if this service structure should continue. There are other services provided in the County by not for profit organizations, volunteer organizations, religious organizations and others that are not referenced in the attached report but all provide invaluable services to seniors.

Services within the DOA are currently structured to address the healthy aging individual in addition to those who are at risk and those who are frail. The last two categories have been increasing in size according to comments from staff but there is little data from which to draw this conclusion.

Financial resources for the DOA and FCDSS come from multiple sources, many of which are grants for specific programs. Some grants pay for similar services so staff positions are allocated across different funding sources. Therefore, identifying and tracking funding and expenditures by types of services is complex and difficult. The county's accounting system tracks grants by funding sources. However, to track costs by services is a complex challenge that makes decision making on programs of service somewhat complex. There is a dearth of available data which further hindered analysis and evaluation of the effectiveness, value and efficiency of services provided, especially for the DOA. The use of technology for management processes within these agencies is limited to various grant applications and none of the data is available for retrieval by the County agencies. Key metrics were not identified or utilized to manage within the DOA or FCDSS, or utilized by the County to determine either the effectiveness of existing county services for seniors or the need for new services. The AERS program had some data available as it has a fee for service reimbursement structure. The DOA's current structure and operations do not support a proactive approach in identifying current needs and opportunities for improvement nor do they support a visionary forecast of and planning for future needs. Recommendations for specific areas of improvement are included in a separate section of this report and details of the analysis done by the work group are in the full subcommittee report in the Appendices.

Current County Services Strengths

- Staff demonstrate strong commitment and dedication to clients. Staff are very proud of what they are currently doing in their various jobs which is to be commended. Many staff have remained in their positions for a long time indicating their commitment and compassion for older adults. While this is a strength, it could also be problematic if staffs are faced with significant reorganization of various departments and job functions to respond to growth in our older adult population.

- Leaders of all three departments are very knowledgeable of current state and federal government funding mechanisms. These funding mechanisms drive the functioning of each department.
- Currently the County provides strong financial support for senior services. Of the DOA's \$3,109,146 budget the County contribution is 59.1% or \$1,836,004. Total budget for Senior Care under FCDSS is \$454,346 of which 54% is County dollars. In the fiscal year 2015-2016 the County funded a new care manager position for the AERS program. There may be additional county dollars within the FCDSS budget for guardianship and adult protective services that were difficult to identify from data available to the work group.
- Volunteers contribute to many of the services within the DOA. Meals on Wheels depends solely on volunteers to deliver all meals to individual seniors. Friends of Meals on Wheels, a local nonprofit, provides financial support for equipment and other resource needs. Volunteers provide services within the DOA building on a daily basis. These services range from answering the phone to helping with activities taking place in the Senior Centers to Medicare counseling and tax credit application assistance.
- Citizens' perception of services that they have received is very positive. Older adults want more! A copy of the survey monkey client survey is in the appendices and provides survey results and comments from seniors using services.
- Staff and community members demonstrate heightened awareness of the growing senior population and how it will be impacting the need and provision of senior services throughout the county.
- Staff, community members, local health care providers and nonprofits demonstrate a growing awareness how the medical and health care needs of seniors can be better met in the community.

Progress toward Previously Identified Goals - Aging Needs Assessment & Seniors Leadership Team

A complete list of all previously identified goals and action items from the Needs Assessment and Seniors Leadership Team report and an update as to the steps that have been completed or are underway is included in the appendices. County staff, Frederick Memorial Hospital and Advocates for the Aging, a nonprofit advocacy group have been working on many of these goals. The key efforts thus far include:

- To attract geriatricians and increase health care providers' knowledge of the needs of older adults:
 - Frederick Memorial Hospital (FMH) will work with new provider, Capital Coordinated Medicine, to contract with health care providers who will make home visits to clients. The first health care provider contract was signed and began in December 2015.
 - The Local Health Improvement Plan subcommittee, with Frederick Memorial Hospital (FMH) and the University Of Maryland Dental School, have worked toward a five (5) chair dental suite in Frederick. This service is under the auspices of Monocacy Health Partners, an FMH affiliate. The dental clinic opened in June 2016.

- The Johns Hopkins School of Public Health has a research grant to assist general practice offices with how to better serve their older adult patients. One of these practice sites is in Frederick. Both FMH and Advocates for the Aging are following this research project to identify ways of replicating the positive outcomes from this study.
- Advocates for the Aging and Frederick Memorial Hospital are working with Altarum Institute and Dr. Joanne Lynn in doing a feasibility study to determine if a PACE (Program for All Inclusive Care of the Elderly) program would be an option for Frederick County. This is a Medicare program specifically designed for frail older adults and is all inclusive in terms of services provided for the individual.
- Frederick Memorial Hospital is opening a clinic for adults with chronic diseases in the Brunswick area where, currently, there are no physicians taking new Medicare patients.
- The DOA has ongoing partnerships with three colleges/universities to provide clinical experiences for nursing students such as Meals on Wheels (MOW) assessments, health screenings, and health management education.
 - i. Hood College – basic health assessments
 - ii. Shepherd University – MOW assessments and Emergency Preparedness Survey and Education for homebound and active participants, in addition to other health education
 - iii. Towson University – Fall Prevention Education and Comprehensive Nutrition Screening of Homebound MOW clients
 - iv. A partnership with the Martinsburg Veterans Administration is in the works – local support groups will meet at the Frederick Senior Center and one on one counseling will be offered to veterans. Frederick County has the highest percentage of veterans in the 25 counties served by the Martinsburg VA hospital.
- The DOA awarded two contracts for respite services (home care and adult day services) to aid older adults to age in place.
- County funding was secured for a Volunteer Coordinator position in the DOA to implement a strategic plan for volunteerism that will directly impact the lives of seniors and that focuses on engaging active seniors as volunteers. The plan for volunteerism will include the following:
 - Continue to expand volunteer opportunities for the Meals on Wheels program
 - Continue to expand volunteer opportunities to other areas of the Department’s operation including Senior Health Insurance Program, health insurance counseling, senior center classes
 - Recruit, orient, train new volunteers and celebrate accomplishments of all volunteers
 - Develop additional public/private partnerships with local organizations and businesses.
 - Establish/coordinate “Friendly Visitor” Program for Meals On Wheels (MOW) clients and others identified by staff who would benefit from a regular visitor
- County funding was secured for a registered nurse in the AERS program to oversee care plans developed by community health nurses.

- The Seniors Leadership team identified a goal to save Citizens and Nursing Rehabilitation Center and Montevue Home; retain ownership of the land and facility; reevaluate Montevue’s scope of services; ensure high quality management; and incorporate both facilities into the continuum of senior care in the county. On September 1, 2016 these two facilities returned to full ownership of the County. The facilities will continue to be managed by the current management firm for at least another 18 months. During such time a Request for Proposal (RFP) will be issued for on-going management. An Advisory Team was appointed by the County Executive to identify how Montevue will be utilized for the frail and needy older adults in Frederick County. This expands the options available when designing the County’s comprehensive plan for providing services for this rapidly growing portion of our citizens who have restricted financial resources and meet the level of care necessary for long term care.
- The Seniors Leadership Team identified a goal to create a continuum of affordable housing, assisted living and skilled care for seniors; work to ensure affordable housing options so no senior is without housing. Items to address this goal are:
 - An Affordable Housing Study has been conducted and the study report is pending.
 - Seton Village senior housing project was completed as a result of collaboration and blended funding between the Daughters of Charity, state funders of affordable housing, and the Weinberg Foundation.
 - The County is just about to settle on the sale of 520 North Market Street property to Interfaith Housing Alliance and PIRHL, Inc. This property will be redeveloped and will provide apartments for low to medium income individuals and families which could include older adults.
 - Using housing funds, the County has established an MOU with the Religious Coalition to provide services to prevent homelessness.
 - A new Housing Program Manager position was added in the Department of Housing and Community Development to help develop and monitor new affordable housing projects and initiatives throughout the county.
 - Investigate nearby/regional programs that promote roommate matching. The DOA has engaged a graduate student to investigate funding opportunities for such a program.
- Transportation is an important issue for our older adults and has been addressed in all of the needs assessments. Several plans are underway to increase available transportation through TRANSIT and other providers. A joint taskforce with the Chamber of Commerce is studying the transportation issues and is developing a plan to increase the availability of para-transit. The taxi voucher program is now in place and is in the process of being evaluated after the first 9 months of operations. Improvements have been made and the County will continue to evaluate the program making changes as needed. The County has added several new vehicles, increasing the availability of equipment. More vehicles and drivers are in the procurement and hiring que for this upcoming year.

Opportunities for Growth and Adaptation

- Current senior services are driven by state and federal funding sources and mandates rather than local goals and mission. While funding is a critical factor in the sustainability of current services, allowing the federal and state mandates to take priority over local community needs and goals will not allow us to broaden our reach and community vision. Frederick County may choose to address local goals and mission in a manner in which the federal and state funding will be supplemental and complementary to the local investment but not take precedence over the local investment.
- A lack of data (services, finances, customer, etc.) stymies effective decision making and goal setting within the DOA. Mission and goal driven processes, using consistently evolving data, would allow for outcome measurements which do not currently exist: evaluating successes and gaps in service, customer satisfaction and changing needs.
- Reporting mechanisms to supervisors and County officials are not in a format nor do they contain data or information that facilitates decision makers being informed as to burgeoning needs for older adults within our County. Successes are not identified in a manner that supports replication or continued improvement.
- There is a need for a philosophy of continually evolving performance measurement and improvement. This management process should be utilized for all key functions within the department. All staffs should be committed to this process and use it to drive decision making.
- Technology opportunities abound for assisting individuals as well as assisting providers in managing and improving services.
- There is a continued need for government to collaborate with community-based services to increase resources to assist middle and low-income seniors to remain in the community.
- There is a need to demonstrate the fiscal value of services, particularly considering the transition of government funding reimbursement to fee-for-service models.
- There is a continued need for local government role in ensuring affordable housing for needy seniors
- There is continued need for government input to ensure adequate primary healthcare and preventive health services for the disabled and senior population
- There is continued need for government input to accessible, appropriate transportation services throughout the county for the disabled and senior population.
- Engagement of older adults beyond the traditional senior services is an area for growth and collaboration.

Recommendations

Overall –

The committee’s review of available financial and service data, along with consumer review of current services for older adults, brings us to the conclusion that a structural overhaul of county-run senior services is overdue. Simply adding some additional staff, moving individuals to different offices or even expanding financial resources will not change the current dynamic, nor will any such short-term measures create a management structure capable of addressing the needs of the rapidly growing older adult population. In order to make the best possible use of current taxpayer dollars, and ensure that future funding results in effective and response care and service, the County Executive is urged to retire the current structure, and rebuild from the ground up. We urge consideration of a new approach that champions the needs and gifts of older adults within a data-driven process that values innovation, a willingness to partner outside of county government, and exceptional customer service and data management. This new approach would elevate what has been the Department of Aging to a division level entity within the county government. It would move the “traditional aging services” from its current position in the Citizens Services Division to a division unto itself. This new approach is described in the next section after the recommendations.

General –

1. Program performance management and improvement framework should include utilizing data, evidence based outcomes and cost benefit analysis. These should drive all management goals by the division director.
2. Shift focus of organization to being goal driven based on the development of a strategic planning process and incorporated analysis of needs
3. Decide on a name for the new division. Most AAA’s use versions of “Agency on Aging”, “Department of Aging”, “Division of Services for Aging and Adults with Physical Disabilities” and “Senior Citizens Services”. Others use terms such as “Seniors Resources”, “Seniors Alliance”, “Alliance for Aging”, or “Office on Aging and Independence”. “Source Point, Thrive after 55”, “County Services for Delawareans 50+” and “Eldercare”.
4. Utilize local public relations consultants and/or “Leaders on Loan” via Chamber of Commerce Leadership Frederick to develop new logo, brand for county older adult services and advisory group. Establish a public information position to oversee all public relations efforts.

5. Fiscal accountability is a management function and should continue to be an important strategy in decision making.
6. Customer satisfaction tools should become a key function of all levels of services and staff engagement. Currently the department uses satisfaction surveys in some programs as well as a Survey Monkey account that allows people to submit comments.
7. Reducing or eliminating wait lists is recommended. Continual analysis of wait lists and creative problem solving that starts with true root cause determination and followed by creative solutions. Performance improvement philosophy supports evaluation of solutions implemented and ongoing revisions as indicated.
8. There should be key metrics and a dashboard established for the division that are working tools across all levels of the organization.
9. The division director should continue to track proposed legislative and financial changes. Revenues are changing to a fee for service system rather than a grant allocation system. With the emphasis at the Federal and State levels of government to control Medicare and Medicaid costs this is doubly critical to review at the county level.
10. Develop monitoring tools and spreadsheets for several of the functions within division to begin to increase data focused decisions. Do not delay data collection and management for a sophisticated software package that may eventually be mandated by the state. Implementing a simpler format will help in determining what is needed in a more complicated system for the future.

Program Specific-

11. An analysis of the existing Senior Center structure should be conducted. This analysis should be initiated by County staff and discussions should include community stakeholders including town representatives, Commission on Aging members and other interested parties as appropriate.
 - a. Should the division continue to operate senior centers?
 - b. In each community where a senior center exists, stakeholders in the community should be involved in the analysis. Determine if the senior center is meeting the needs of the older adults in the community
 - c. What should be the role of the division with Senior Centers?
 - d. Should the division assume all responsibility and financing for the Centers?
 - e. Should it be hands off with each community developing and managing its own Senior Centers (example: Thurmont)?
 - f. Should the county fully fund each senior center? Partially fund or fund specific programs?

- g. Should the division grant out funding for senior activities in communities, offer expertise in establishing activities, assist with programming as needed and assist with evaluation of need and programming?
12. The County should conduct a facility review to determine long term facility needs and potential capital projects. The County could visit other Maryland centers that incorporate recreational and fitness resources with other older adult activities in one multi-purpose center as a model to consider. Other considerations may include the implementation of a community center to meet intergenerational services, programs and resources.
13. Nutrition Programs: An analysis of all of the nutrition programs should occur to determine cost benefits including an evaluation of quality of foods and food vendors. With the county retaining Citizens Care and Rehabilitation Center which has an expanded food service structure and capability, the county should revisit the plan for Citizens to be the primary food vendor. This analysis must also take into account the state mandated menu requirements which are very restrictive.
14. Meals On Wheels (MOW): Despite an infusion of county funding and three additional routes initiated, public feedback indicates that there are multiple issues with this service that need to be addressed quickly. Feedback centers around quality of meals, timing of food delivery from vendors, wait lists, etc. It is recommended that standards for routes, customer satisfaction, qualifications of individuals receiving meals, financial accounting and recruiting and training of volunteers be analyzed for potential improvements and enhancements. At the very least, there should be no long term wait lists for this service. While not having a wait list is a goal, the likelihood of being able to provide MOW to all applicants will always be challenged by the size of the county, the isolated nature of some residents and the lack of available meals and financial resources. Staff try hard to link applicants with meals and often think outside the box to get food to people. They reach out to adjoining MoW programs, they refer to mail order programs, and they work with families to find innovative solutions. (i.e. frozen meal delivery)
15. To enhance multi-agency collaboration, the County should consider collocating as many older adult focused services at one site. Thorough and specific negotiations with the agencies currently providing the services are necessary. The intent is to provide a higher level of synergy with collocating and willingly integrating services and staffing. An analysis of the staffing applied by each agency will be necessary to determine any duplicative functions and/or gaps in coverage.
16. Improved synergies would be realized if all services providing in home care, case management, and personal care supports were coordinated within one team and site location. This would require a concerted effort of the partner agencies to evaluate and restructure the Senior Care, In Home Aide Services, the Home Health Related Services and Supports and the Adult Evaluation and Review services. All three agencies provide varying levels of assessments, in

home care, and case management. A review of the financing and budgets for each department would need to occur as well if a collaboration were to occur.

17. Expand the Ombudsman staffing resources. Currently ombudsman services are provided by one staff person. This number should be increased due to the growth in long term care and assisted living facilities and the increasing requests from consumers and professionals. There are currently 9 long-term care nursing homes with a total of 1,060 beds and 21 assisted living facilities with 775 beds in Frederick County. Consider implementing a volunteer opportunity (selection process and training requirements) for ombudsmen services if financial means are not available. The Maryland Department of Aging has a volunteer certification process. Consideration must be given to staff capacity to supervise additional staff and volunteers.
18. Expand the resources of the Caregiver Support Program. This program is currently provided by one FTE (two part time individuals) within the DOA. As the older adult population expands, the number of caregivers will expand as well.
19. Expand the resources and staffing that performs the public guardianship caseloads. Over the past five years, the public guardianship caseloads managed by the department have doubled.
20. Incorporate Technology Enhancements
 - a. To better inform consumers– There is a growing number of older adults (and their caregivers and family members) that are technology users and have smart phones, tablets, etc. Utilizing more technology, social media, and software applications for smart phones, etc. would generate greater public relations and information sharing capacity for all services. More divisions within the County are using technology to better inform County residents. Suggestions for applications include:
 - Daily menus
 - Class offerings, seminars, calendar activities
 - Special Events and Announcements
 - Live streaming or on demand classes for homebound older adults
 - b. To streamline staff communication, management of resources, and reporting mechanisms.
21. Develop an engagement plan for volunteerism and other opportunities for active older adults to be utilized in the community beyond the volunteer activities that are available within the division services. Retirees may have an expertise that can be applied to other initiatives within county government, nonprofits, business development, and anywhere in the community. Retirees may want to share their expertise in any manner whether it is through volunteering and/or employment.
22. Recreation and Fitness services should be primarily provided via the Frederick County Parks and Recreation Division. Currently these activities, organized by DOA, are managed by senior center coordinators. The Parks and Recreation Division in collaboration with the Senior Recreation

Council offers some activities focused on senior citizens. If the Parks and Recreation Division took over management of fitness and recreational services in collaboration with DOA, senior center staff could spend more time working on other services.

23. Learning and social activities can be enhanced with stronger partnerships with learning institutions and other organizations.
24. More formal collaboration with Workforce Services to provide employment services should be developed. Consideration and research into potential Older American Act funding for employment services should be conducted.
25. Monitor primary care practitioners to ensure there are adequate numbers of practitioners accepting Medicare patients and that primary care practices are organized to address the specific needs of older individuals. Frederick Memorial Hospital and the Frederick County Health Department should partner with other appropriate organizations to monitor both of these important functions.
26. Initiate regular analysis to determine the effectiveness of various programs for the older adults within the County. There are tools available through the federal Administration on Aging that map out how to do evidenced based studies including providing sample tools. (See website link below.) Programs such as the Taxi Voucher program, Meals on Wheels, and congregate meals could be evaluated using these tools. The new division and the Commission of Aging, using student interns from various academic institutions, could lead the analysis. Another available resource to assist with evidence based studies is the Community Research Center for Senior Health which is a partnership between the Baylor Scott & White Health, Central Texas Area Agencies on Aging and the Aging, Disability and Veterans Resource Center and the Texas A&M Health Science Center School of Public Health. This Center was initially funded by a grant through the National Institute on Aging. The Johns Hopkins School of Public Health is also a resource to be considered. Clearly, with such available resources we can begin quickly to effectively analyze a couple of our available programs or services and include evidenced based measures in the development of new programs and services.
 - a. http://www.aoa.acl.gov/Program_Results/index.aspx
 - b. <http://www.evidencetoprograms.com>
27. Identify Strategic Planning goals for each area of DOA for each fiscal year, and then in three and five year cycles. Maintain ongoing annual review to ensure progress and effectiveness.
28. Revise reporting tools to begin to match goals established by the County Executive and the Division.
29. Work with the Frederick County State delegation regarding need for better data collection that exists with State and Federal agencies. If the MD DOA computer systems are so fragile the delegation may be able to help get funding for updating the State system. With the growth of

the senior population in the state and the need for better utilization of the available dollars having a good working IT system will be critical.

30. Disabilities Services - The State of Maryland Aging and Health and Mental Hygiene departments as well as federal agencies have been moving towards combining services to older adults and adults with disabilities. Funding mechanisms are shifting to fee for service models instead of grant allocation models. Over the past several years, the MD Department of Aging has been requiring AAA's to establish partnerships with local agencies serving adults with disabilities. Initial steps have been initiated and more is necessary in Frederick County. As a second phase of the recommended restructure, the Seniors First Committee recommends that the County forge along this path and consider including other county services that serve aging adults and adults with disabilities. One example is the Scott Key Center, which serves adults with disabilities. Greater synergy, revenue enhancement, collaboration, and program development is crucial for serving the needs of older adults and adults with disabilities in Frederick County.
31. Frederick County has received immigrants and refugees from different countries over the past twenty years and continues to present. This population increase has brought a rich cultural tapestry to our communities. However, it has also brought challenges for communication due to multiple languages as well as basic needs and expectations that are cultural specific. As these populations age there needs to be more focus on their resources, needs and cultural expectations. To meet these challenges, government agencies will need to develop partnerships with the different non-profit, faith, and social groups that are representative of the different cultures.
32. The Commission on Aging is legislated in the Older Americans Act and was originally established in Frederick County by ordinance. This ordinance must be revised to reflect the charter government as well as the role of the commission as defined in this report. A review and modifications to appropriate county and legal documents and by-laws are necessary.

A New Structure – A New Division

Division Leadership: Division Director – “Older Adults Champion”

This newly elevated division would be led by a director who would oversee all of the division services and operations. This position could be a direct report to the Special Administration Director instead of the Citizens Services Division Director. The resource development and public relations functions would be managed at the division level. The division director would directly supervise the three department manager/directors (some new positions) and the Resource Development and Public Relations Manager (new position). This new division would:

- Meet County Executive’s priorities of setting goals, performance management and improvement
- Elevate focus on population needs and trends
- Best address current community needs and action plan from Aging Needs Assessment
- Be a model for a One Stop Shop for Seniors
- Ensure expert knowledge of older adults and senior issues support is made available and utilized in planning for and the evaluation of services for seniors
- Identify and Facilitate public private partnerships to assist with needed resources
- Incorporate greater use of technology for overall management and delivery of services
 - Designed for seniors communication
 - Public relations
 - Management
 - Financial tracking
 - Outcomes
 - Performance Improvement
- Include a focus on resource development
- Ensure communication and collaboration with all partners

Purpose: Division will be the center within the county for the identification, facilitation and coordination of needed services for our older adults as they move along a continuum from active and healthy to being in need of intensive assistance to remain independent and in their preferred housing location. The division will also be an active advocate for the needs of older adults.

Services: Services are organized to facilitate or navigate adults through a services menu tailored to their wants and needs. Services must be flexible enough to move and adapt with the individual as he/she moves back and forth on the continuum. Services may be provided directly or through partnerships with community agencies, both for profit and not for profit and with other government organizations. They may also be offered at a variety of locations.

Structure: Utilizing current resources from multiple government funded agencies that cater to adults and seniors, the new division would structure services into two primary categories – a) active healthy adults and b) less active, more challenged older adults and seniors who would benefit from further services facilitation support. The division will make maximum use of technology resources, both current and newly developed, to deliver the highest quality services at the most reasonable cost. An administrative component of the division would include separate operational, public relations, and resource development functions. These functions would focus on facility support, administration, data and financial management as well as the development of additional resources and promoting the division services. This component would also work with the local commissions, boards, and community organizations that advocate for adults and seniors.

Priority focus for this new Division leadership:

Strategic Planning –

- ***County Strategic Plan*** – One primary goal of the FC Strategic Plan is to implement the recommendations from the needs assessment and senior leadership team. Routine progress reporting, benchmarking, and other goal setting will be necessary over time.
- ***Livable Frederick*** – This initiative embarked upon within the past year will continue into the future and will result in a community wide vision of Frederick County’s future. Older adults’ needs must be incorporated in this vision. The division director and other staff must participate in process.
- ***Affordable Housing Assessment*** – Very soon the housing study will be complete with a report published. Older adults’ needs should be included in this report and the implementation of the recommendations. The division director and other staff must participate in the implementation process.

Evaluation and Assessment of Programs and Services – Key to any successful program and service, ongoing assessment and evaluation of programs and services is a critical function. Utilizing service data and attendance data provides process benchmarks. Qualitative data must also be incorporated. The development of customer satisfaction tools and plan for implementation will be necessary.

Advocacy – There are multiple coalitions and advocacy groups in the county that focus on older adults, seniors, and adults with disabilities. The division must work collaboratively with these groups to provide a voice to the blooming group of older citizens.

Program Development – Through program services, trends, needs, wants, and desires of participants will be identified. The division leadership will lead staff and the commission through ongoing assessment and evaluation of programs and services. Proactively identifying future needs will be critical to keep the services for older adults relevant over time.

Resource Development and Public Relations, Awareness and Outreach– A manager of resource development and public relations would manage all aspects of researching and seeking new grants and other private resources. This includes financial and other tangible resources necessary for the operations of the division services. Diversity of funding is important to remaining viable and flexible in the delivery of services. Donations management, donor gifts, service club projects, cash and non-cash resources all fall under this resource development. Proper public relations, awareness, outreach and education will be key in the long term success of the division. Social media is fast becoming a preferred public relations platform. Regular press releases and other public service announcements will be key in getting the word out about the division’s services. Other creative and innovative methods of awareness and outreach will be developed. Developing and maintaining a public relations plan will be critical to the long term success.

Facilitation or Coordination of Services – Facilitating or navigating through the continuum of services for all types of adults will be a critical step in the division. This gatekeeping will guide older adults through services and make referrals to partnering resources. This function is currently provided through the Maryland Access Point grant and county funded position and services. Given the anticipated demand with a growing population, the amount of and type of facilitation services will need to expand and will require additional financial resources. More “facilitators or service coordinators” will be necessary in the upcoming years. Cross training of existing staff would help provide back up during cyclical peaks.

Health Insurance Information – Provides information and education concerning all areas of Medicare, Medigap and Medicare D related insurance programs. Assists with eligibility, application assistance, billing questions, denials, appeals grievances and education concerning Medicare fraud. At least one additional staff position trained in this topic area would meet growing capacity needs.

Other Community Connections and Resources – This would include other government advisory groups, nonprofits, and organizations that serve older adults and possible collocations.

Government Advisory Group for the Older Adult Population:

Commission on Aging – Seniors First recommends changing the name of this commission to the Commission on Older Adults. The division will provide staff support to the commission and carry out the administrative duties for it. The Commission will advise the division and the County Executive and County Council on older adults’ issues. The Commission is legislated in the Older Americans Act (Section 1321.57 a.) and was originally established in Frederick County by ordinance. This ordinance must be revised to reflect the charter government as well as the role of the commission as defined in this report. A review of and modifications to appropriate legal documents and by-laws are necessary.

The Commission (County Executive appointed volunteer members) is an advisory group that can make a significant contribution to the division and the County’s older adults. The purpose of the Commission is to advise the County Executive and the division on all matters relating to, and to be advocates for issues relating to older adults. These matters may include

- Advocacy for senior interests
- Analysis of trends in the aging community and opportunities for services;
- Analysis of the impact of current programs;
- Outreach and awareness with county government officials and state delegation officials;
- Monitoring legislation that applies to the older adults;
- Outreach and public awareness of older adults needs and available services for older adults; and
- Review and approval the AAA Area Plan required by federal and state grants and regulations.

The Commission is not a governance board. Governance resides with the County Executive.

The Commission may revise its bylaws to reflect this purpose with County Executive approval. Membership of the Commission should follow the federal guidelines in the Older Americans Act and be reflective of the diversity of Frederick County. A limitation on the number of providers of services should be indicated in the revised ordinance or by-laws of the commission.

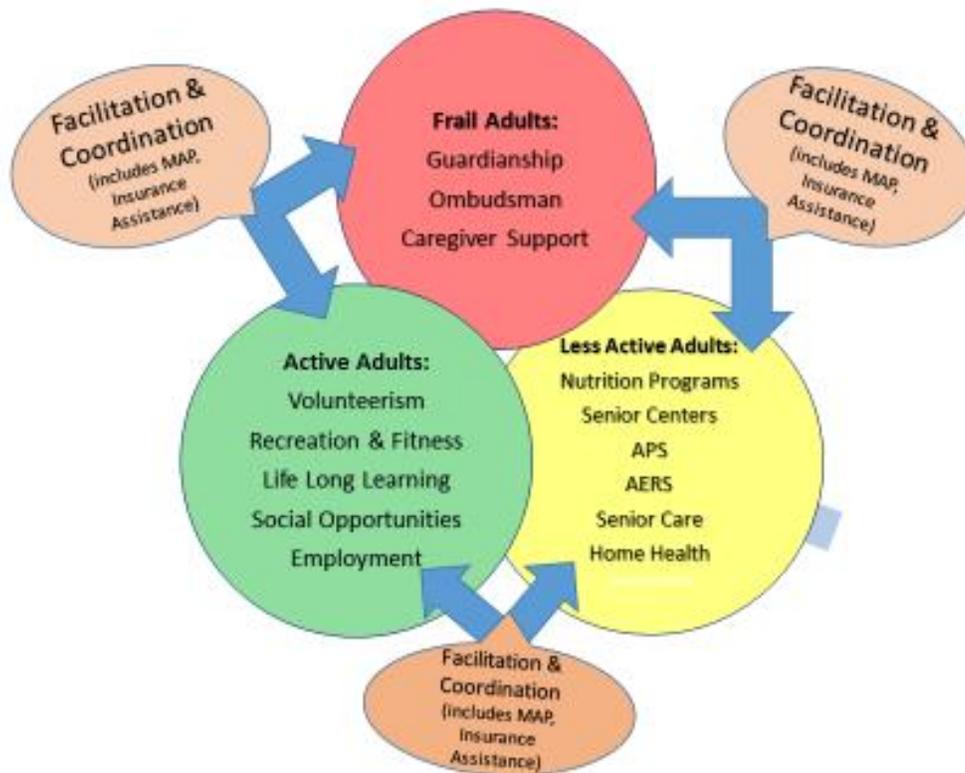
Other Community Connections and Resources – This would include other nonprofits and organizations that serve older adults and possible collocations. Examples of current and potential connections are listed below.

- Community Foundation of Frederick County – endowment funds for discretionary needs for seniors
- Rebuilding Together – This nonprofit provided rehabilitation on homes and properties. A strong collaboration between RT and the department already exists. This collaboration must continue, be memorialized with a Memorandum of Understanding, and be regularly assessed for demands and successes.
- 2-1-1 – An example of a partnership with 2-1-1 exists in Baltimore County where the AAA's after-hour calls are answered by the 2-1-1 provider, hence providing a 24/7 service. This effort is partially funded by the Weinberg Foundation.
- Other nonprofits benefitting older adults and older adults programs and services – Friends of Meals on Wheels, Elder Service Provider Council, Partners in Care, etc.
- SOAR – a local nonprofit established to match resources with older adults in need.

From the Adult’s Perspective:

This division would provide a single point of entry or one stop shop for older adults and seniors to locate desired activities and services. The first step for any older adult or senior is to inquire either by phone, website or in person. Facilitators or service coordinators would handle the inquiry and begin the navigation process. This first step would include varying levels of triage as more interests and needs are discussed. Referrals to additional services and activities would progress as the adult identifies their interests, etc. The facilitator would periodically follow up with the adult to determine if all interests are being met.

New Division Direct Services Continuum



Services for the Active Older Adult: (a department within the division)

Staff Leader: Manager/Director of Active Senior Services

Staff team could include the manager/director, volunteer coordinator, facilitators/service coordinators, and others. However, the final staffing patterns will be determined by the Division Director and Manager/Director of Active Senior Services following detailed evaluation of daily operations and establishment of measurable goals.

This team/department within the division would be responsible to carry out a great deal of collaboration, Memorandums of Understanding, and other partnerships. The staff will facilitate the partnerships, monitor the partnerships, and may provide some of the services themselves. They would work closely with the resource development and public relations staff to promote these activities.

Active older adults are mobile, healthy and capable with activities of daily living. They would be considered independent and may be looking for recreational or fitness activities, life-long learning experiences, are social media savvy, and may be interested in engaging in volunteerism and/or limited employment. Active older adults would most likely be able to transport themselves from place to place without assistance.

Services for the active older adult may be provided through a self-service kiosk, through web based registrations, or at multiple locations.

Examples of these services and the partnerships that may provide these services are listed below:

Engagement – Active older adults have expertise and experience that can be utilized to support efforts in our community. A plan for engaging these active older adults in community efforts would be developed and promoted. Collaboration with other organizations such as the RSVP program in the Asian American Center and the emerging volunteer center services in the United Way would be an effort to forward this engagement.

Volunteerism – The volunteer coordinator would work in partnership with Retired Seniors Volunteer Program (RSVP) and other agencies. Volunteer activities could include the following activities:

- Senior advocacy groups (Commission on Aging, other Frederick County appointed boards, non-profits, etc.)
- Meals on Wheels delivery
- Rebuilding Together home rehabilitation
- Partners in Care transportation
- RSVP sponsored activities
- Senior Recreation Council
- Intergenerational Opportunities
- SCORE and Other Business Development

- Library and Literacy Council
- Other Relevant Opportunities to Give Back to the Community

Recreation and Fitness – Primarily provided via the Frederick County Parks and Recreation Division

- Activities could be offered at multiple locations – Parks and Recreation facilities, Senior Centers, or may be in the form of trips, etc.
- Additional partners could be:
 - City Parks and Recreation Department
 - YMCA

Life Long Learning and Social Opportunities – These opportunities would be coordinated and marketed with other organizations. Examples include:

- Higher Education Institutions –
 - FCC’s Institute for Learning in Retirement
 - Hood College
 - Mount St. Mary’s University
- Book Clubs
- Library sponsored events
- Civic clubs, Rotary clubs, Kiwanis, etc.
- Other community connections – paint nights, speaker series (Weinberg Center), etc.

Employment – A stronger and clearly defined collaboration with FC Workforce Services to provide employment services for older active adults could include:

- Full and Part time opportunities – Job Announcements Bulletin Board (electronic and wall display)
- Veterans associations
- Temp Agencies
- Reestablish “Experience Works”, a Department of Labor model program
- Corporation for National Community Services (provides VISTA, RSVP, and AmeriCorps)
- Commission on Aging/Chamber of Commerce Business Task Force
- Ft. Detrick and other employers
- Library

Services for the Less Active Older Adults and Adults with Disabilities: (a department within the division)

Staff Leader: Manager/Director of Aging Services

Staff team will include positions responsible for currently identified services of nutrition programs, senior centers, senior care, home health, and home health related services, ombudsman, guardianship, caregiver services. However, the final staffing patterns will be determined by the Division Director and Manager/Director of Less Active Senior Services following detailed evaluation of daily operations and establishment of measurable goals.

Less active older adults have mobility challenges, may feel isolated, and their current or declining activities of daily living may indicate less independence. Some assistance could help the adults remain in their homes longer. These older adults may have less or limited access to resources. These adults may also have disabilities that impact their daily living skills. The services for the less active adults and seniors are the more traditional government funded programs that exist today. They help adults live through the continuum of aging in place.

Nutrition Programs – these programs provide education and actual food resources.

An analysis of this service should be conducted to determine the quality of the service and the cost effectiveness of the various service models that are provided.

- Meals on Wheels are Home Delivered Meals
- Congregate Meals
- Groceries for Seniors

Senior Centers –

An evaluation of all current senior centers should be conducted to determine if the centers are meeting community needs where they are located and when they are operating and if they are utilized. This analysis should include participation of staff, community leaders, senior advocates, and seniors themselves. Other locations, such as town offices, may be considered for staff outreach instead of full center operations.

Multi-Agency Collaboration

The following services would require more thorough and specific negotiations with the agencies currently involved with providing the services. The intent is to provide a higher level of synergy with collocating and willingly integrating services and staffing. An analysis of the staffing applied by each agency will be necessary to determine any duplicative functions and/or gaps in coverage.

Adult Protective Services (currently provided by the local Department of Social Services, follows state & federal law/regulations) -

- Consider possible co-location within the division building to promote
 - Maximum customer service
 - Smoother referral and navigation process
 - Better team case management and sharing of resources

Adult Evaluation and Review Services (provided by the Behavioral Health Division /FC Health Dept., follows state & federal law/regulations)

- Consider possible co-location within the division building to promote
 - Maximum customer service
 - Smoother referral and navigation process
 - Better team case management and sharing of resources

Senior Care & Home Aide Health Services (provided through mix of local, state and federal funding, housed and currently supervised in local Dept. of Social Services)

- Consider possible co-location within the division building to promote
 - Maximum customer service
 - Smoother referral and navigation process
 - Better team case management and sharing of resources

Home Health Related Services and Supports – Provides low income individuals with case management, in-home assistance and support in order to divert long term care placement. Provided by staff and contracted services.

Guardianship – (provided by both the Department of Aging and Department of Social Services per COMAR.) Specifically the directors of both agencies are named the guardians of clients. Social Services is assigned guardianship to adults 18 to 64. DOA Director is assigned guardianship to adults' aged 65+. Staff of each department are appointed by the Circuit court when an individual is no longer competent to make decisions for themselves and when no one else is willing or able to do so. Provides assurance that the individual's medical and social needs are met.

- Consider possible co-location within the division building to promote
 - Maximum customer service
 - Smoother referral and navigation process
 - Better team case management and sharing of resources

Ombudsman – (Provided by Department of Aging.) Currently provided by one staff person. This number should be increased due to the growth in long term care and assisted living facilities and the increasing requests from consumers and professionals. Consider implementing a volunteer opportunity (selection process and training requirements) for ombudsmen services if financial means are not available. The Maryland Department of Aging has a volunteer certification process. Currently the Frederick County department does not have the staff capacity to supervise volunteer ombudsmen.

Provides residents in long-term care and assisted living facilities with support needed to maintain their legal rights, control their lives and ensure their personal dignity.

Caregiver Support Program – Provides information, referral education and support services, including respite care, supplemental subsidies, and support groups. Provided by two part time employees.

Operations and Administration:

Staff Leader – Operations Manager/Director

Staff team could include the– operations manager, fiscal manager, and administrative specialist. However, the final staffing pattern would be determined by the Division Director and the Operations manager.

Facilities and Transportation Management- oversight of all 4 current department locations and fleet services plus other locations utilized. Liaison with other facilities and transportation staff – DPW, TransIT.

Grants Management – Oversight of all grants received, spent, services provided, outcomes, and reporting to funding sources

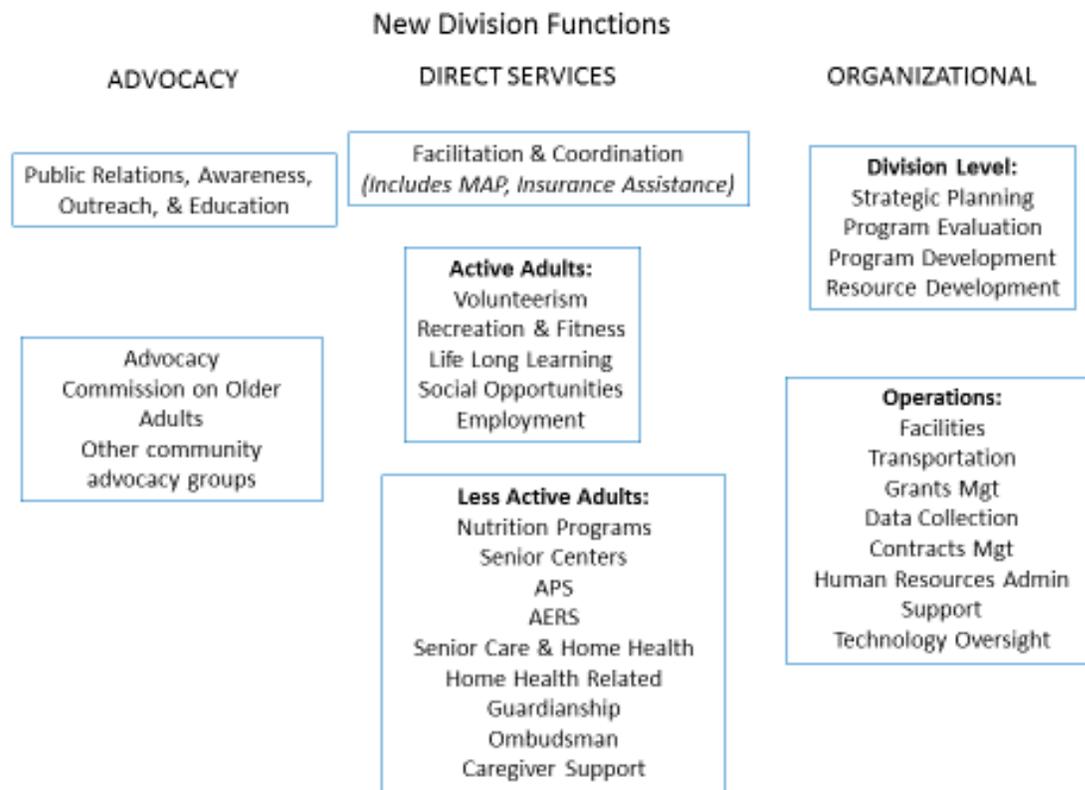
Data Collection- The state of Maryland provides a data base system called AIMS. This allows each AAA to enter units of service, adults served, etc. It is web-based and not very user-friendly. Other funding streams which fund specific programs also require staff to use a specific data base system for those services. Staff have begun utilizing excel spreadsheets to maintain statistics such as number of calls, home visits, meals, and volunteer hours, etc. for management purposes.

Contracts Management – For the purpose of procuring paid consultants, instructors, or other providers as well as Memorandums of Understanding between providers and the County. To provide liaison with other county departments/divisions related to the procurement of services.

Human Resources Administrative Support – As part of county government, human resources administrative functions must occur on a specified schedule per local policies and procedures.

Revenue Management – As the traditional funding sources transition to a fee for service model, this function will be more critical to the overall financial viability of the division. As the resource development improves and becomes more diversified this function will also oversee donations management, donor gifts, etc. Local foundations have funds available to provide dollars for discretionary purposes for older adults. Access to those dollars must be facilitated and managed by the division in collaboration with the local foundations.

Technology Oversight – In collaboration with the Frederick County Interagency Information Technology Division this function would oversee all technology utilized by the division. Troubleshooting, modifications, access, and other aspects of technology will be provided. Development and usage of social media and online registrations will also be utilized.



Recommended Next Action Steps

The Seniors First Steering committee has made over 30 recommendations in this report. The next action steps are outlined below and include timeline targets. These are recommended to allow for inclusion in the budget development for the upcoming fiscal year. We recognize that the timeline is extremely ambitious. The County Executive may certainly modify the timeline as necessary. A reprioritization of the recommendations may be necessary and may stretch the implementation phases into the future years as resources are available.

Acceptance of the report and recommendations:

County Executive accept the report and recommendations. Announcement of the report is provided to the public and critical stakeholders. **Target: November 2016**

Implementation of new division:

Implement the staff reorganization and establish the new division. Phase in as appropriate and as resources are refined, developed, and secured. Consider initial implementation to occur and be budgeted for second half of fiscal year 2018.

Analyze current staff and financial resources with recommended structure – identify gaps in resources, opportunities, budgetary issues, additional next steps for implementation, etc. Identify phases of implementation. Develop revised and new job descriptions – County Executive Office, Citizens Services Division, and other designated divisions. **Target: December 2016, January, February 2017**

Work with Frederick County Parks and Recreation to determine how/when to transition recreational and fitness activities oversight – include budgetary issues, facility issues, etc. – County Executive Office, Citizens Services Division, and other designated divisions. **Target: November and December 2016, January 2017**

Analyze co-location possibilities with partner agencies – start with FCDSS older adult services and AERS of Frederick County Health Department, then include other non-government agencies. Identify phases of implementation. County Executive Office, Citizens Services Division and other designated divisions. **Target: January, February 2017**

Decide on new name for the division. Utilize volunteers and marketing specialists to develop the name. **Target: March 2017**

Address the changes to the county ordinance that establishes the department and commission to reflect the charter government as well as the role of the commission as defined in this report. **Target: January - April 2017**

There are other recommendations in the report that address general management and administrative recommendations. These should be implemented as appropriate throughout the implementation of the new division. Examples include but are not limited to developing monitoring and evaluation tools for services, tracking legislative items, reporting tools, conducting a long-term facility needs analysis. Additionally it will be important to develop a multi-year financing plan for the reorganization because every recommendation cannot be done in one year. A redrafting of the AAA Area Plan for revisions reflecting the new division will need to be completed when appropriate.

Services/Program Next Steps (Some to be addressed in FY2018 budget cycle appeals):

Address the wait list issues with the Meals on Wheels program. **Target: December 2016, January 2017 and July 2017 (new budget year)**

Increase the capacity of the facilitation and coordination staff capacity to accommodate growing demand. Add one additional MAP coordinator position in next budget cycle. **Target: July 2017 (new budget year)**

Analyze the existing senior center structure. In each community where a center exists, stakeholders in the community should be involved in the analysis. Determine if the senior center is meeting the needs of the older adults in the community. **Target: June – December 2017**

Develop an engagement plan for active older adults to be utilized in the community beyond the volunteer activities that are available within the division services. **Target: May – July 2017**

Other capacity recommendations are included in the report. These should be assessed and prioritized throughout the first and second year of the implementation of the new division. We know capacity is at peak levels in many services and functions of our aging services. As increases in demand peak further and as resources allow, these recommendations should be incorporated in future budget cycles.

APPENDICES

Appendix A – Update on Leadership Team Recommendations

Appendix B – Report on Staff Focus Group

Appendix C – Report on Seniors First Subgroup on Citizens Interviews

Appendix D – Report from Seniors First Subgroup on Data and Financial Information

Appendix E – Frederick County Department of Aging 2016 Client Survey

Leadership Teams Recommendations

Seniors Leadership Team Recommendations

GOAL #1 – Reform and Revitalize the Department of Aging to Champion the Needs of the Growing Senior Population.

- a) Evaluate the structure, scope and capacity of the Department of Aging (DoA)
- b) Revitalize and reestablish the county's department as the champion or hub of senior services.
- c) Advance the recommendations of the 2013 Senior Needs Assessment recommendations.
- d) Clarify and define the role and responsibilities of the Commission on Aging.
- e) Establish a steering committee to develop the plan to carry out this goal and to oversee the implementation and report to CE.

Recommendation #2 – Ensure senior wellness and quality of life

- a) Attract more geriatricians (medical, dental, psychological, vision) and consult with Frederick Memorial Hospital and other medical providers.
 - FMH will work with new provider, Capital Coordinated Medicine, to contract with health care providers who will make home visits to clients. First health care provider signed and begins on 12/2/15. UPDATE: Contract in place.
 - Local health improvement plan subcommittee working with FMH and Univ. of MD Dental School to bring 3 chair dental suite to Frederick. May expand to 6 chairs. Under auspices of FMH.
 - Ongoing partnerships with three colleges/universities to provide clinical experiences for nursing students (MoW assessments, health screenings, education).
 - i. Hood College – basic health assessments
 - ii. Shepherd Univ. – MoW assessments/Emergency Preparedness Survey and Education for homebound and active participants, in addition to other health education UPDATE: For the fall 2016 semester, students will provide nutrition screening.
 - iii. Towson Univ. – Fall Prevention Education and Comprehensive Nutrition Screening of Homebound MOW clients UPDATE: For the fall 2016, Towson students will be offering medication management and educational opportunities.

- iv. Use of Title 3D federal funds to support evidence based health education – UPDATE: “Stepping On” is offered in Emmitsburg and will be offered at Frederick and Urbana Senior Centers.
 - v. Will work with FMH AVP for Medical Affairs to explore how the Department can assist in making the hospital (ED) more senior friendly.
 - One time MAP Bridge funding – application submitted (\$56,753) UPDATE: Grant funding ended on June 30, 2016
 - i. ~~Part time staff person to conduct Level 1 screen~~—Ended when Bridge funding ceased.
 - ii. Assist with applications for government benefit programs UPDATE: Provided by MAP Coordinator and other staff/volunteers.
 - iii. Options Counseling – UPDATE: Provided by MAP Coordinator
 - Secured County funding for 2 respite contracts, both of which were recently signed.
 - i. Daybreak Adult Day Services
 - ii. Elizabeth Cooney Home Health UPDATE: Working with Procurement to have another home health agency provide the service via piggyback on existing state contract.
 - Secured County MAP funding. Coordinator position advertised; interviews begin week of 11/2/15. UPDATE: Position was hired but staff member terminated in March 2016. Part-time staff member moved into full time MAP Coordinator position
 - i. Level 1 Screen
 - ii. Options Counseling
 - iii. Ongoing work with CIL
 - iv. Create MAP advisory council; hold regular meetings
 - v. Continue efforts to create single point of entry for health related services and supports
- b) Establish a senior jobs network and placement service through Workforce Services.
- Work with Workforce Services to help lower income seniors find job placement. “Overcoming the Age Factor” was presented at the Urbana Senior Center in September. More workshops will be held.
 - Workshops about finding employment are now being offered at the public libraries, in addition to the Business and Employment Center.
 - New federal legislation requires a higher priority of service for low income and disabled persons.
- c) Ensure Meals on Wheels services reach all seniors in need of nutrition.
- Currently 20 routes, 163 clients – planned expansions include New Market/Mt Airy corridor, followed by other communities in eastern part of county such as Johnsville area.
 - Served 53,601 meals to 280 clients in FY15. FY’16 stats not available yet.

- FoMoW partnership – offers fundraising, marketing and outreach opportunities that will assist with further expansion of the program. Provides monthly stipend to help purchase proteins for MoW recipients. UPDATE: Temperature controlled vehicle to be donated by FoMoW is almost ready to be purchased. A few county procedures must be followed which is taking longer than expected.
 - Groceries for Seniors food distribution – occurs 1st Friday of each month
 - Faith communities and assisted living facilities offer shoe boxes of shelf stable food
- d) Develop more affordable recreational activities and park locations for active seniors.
- Four senior centers offer education, recreation, socialization, nutrition & health programs and services
 - Day trips at least twice per month
 - Senior Center Without Walls provides monthly newsletter with information and resources for senior communities and municipalities, as well as other staff support and leadership
 - UPDATE: Parks and Rec will offer Pickleball at the Emmitsburg Sr. Center and is facilitating a class at the Frederick Sr. Center. Yoga is also being offered by Parks and Rec at the Frederick Sr. Center.
- e) Create “navigation specialists” that will connect seniors with activities and services (follow up with seniors).
- New Program Specialist position funded; staff person begins on 11/2/15 and will assist with applications and assessments for:
 - i. Level 1 screen – to add eligible clients to registry for health related services and supports programs
 - ii. QMB/SLMB – (pays Part B premium and some costs associated with medical care Income/asset test)
 - iii. Homeowners/Renters tax credit
 - iv. Medicare Part D open enrollment assistance
 - Limited case management / Options Counseling
- f) Collaborate with municipalities to provide senior activities.
- Continue to offer presentations including tax credit seminars, fall prevention workshops, government benefit program applications, information and assistance (“Mobile I&A”) at senior centers, older adult housing locations throughout the County and to professional and senior groups. On-going
 - Senior Center Without Walls provides monthly newsletter with information and resources for senior communities and municipalities, as well as other staff support and leadership
 - Upcoming meeting with Mayor of Myersville to explore use of municipal facility for meals, programs, activities.

GOAL #3 – Provide Resources for Senior Services.

- a) Employ a grants developer to obtain and infuse new financial resources for the department

- b) Employ a volunteer coordinator to implement a strategic plan for volunteerism that will directly impact the lives of seniors and that focuses on engaging active seniors as volunteers.
 - Secured County funding in FY'16 for Volunteer Coordinator position to:
 - i. Expand volunteer opportunities for the Meals on Wheels program On-going
 - ii. Expand volunteer opportunities to other areas of the Department's operation including SHIP, health insurance counseling, senior center classes
 - iii. Recruit, orient, train new volunteers and celebrate accomplishments of all volunteers Celebratory breakfast held in April
 - iv. Develop additional public/private partnerships with local organizations and businesses. On-going
 - v. Establish/coordinate "Friendly Visitor" Program for MoW clients and others identified by staff who would benefit from a regular visitor. Position description completed; some people identified for assistance
 - vi. New coordinator begins work during early November. Completed.

- c) Explore more public/private partnerships.
 - See attached list of existing partnerships within the Department of Aging. Others recently added include:
 - i. Frederick Arts Council
 - ii. University of Maryland Communications class
 - iii. RSVP
 - iv. Homeless Coalition
 - UPDATE: Martinsburg Vet Center will offer support group and 1:1 counseling beginning in October for Frederick County veterans at the Frederick Sr. Center.
 - UPDATE: Maryland Health Exchange has a temporary office during health insurance open enrollment at the Frederick Sr. Center so people can enroll in a health insurance plan (i.e. Obamacare)

GOAL #4 – Ensure Seniors Have Adequate and Affordable Housing and Health Care.

- a) Save Citizens and Nursing Rehabilitation Center and Montevue Home; retain ownership of the land and facility; reevaluate Montevue's scope of services; ensure high quality management; and incorporate both facilities into the continuum of senior care in the county.

- b) Create a continuum of affordable housing, assisted living and skilled care for seniors; Work to ensure affordable housing so no seniors is without housing.
- Funding for Affordable Housing Study which will be accomplished by next year.
 - Seton Village senior housing project was completed as a result of collaboration and blended funding between the department, state funders of affordable housing, and the Weinberg Foundation.
 - Staff is working on a new project for 520 N. Market Street. If successful in obtaining funding, it will provide apartments for low to medium income individuals and families.
 - Additional County funding obtained to preventing homelessness. Staff is working with providers of homeless services to determine a plan for how this money may be used.
 - A new Housing Program Manager position was added to help develop and monitor new affordable housing projects and initiatives.
 - Investigate nearby/regional programs that promote roommate matching. Using graduate student to investigate funding opportunities for such a program.
- c) Address development and design policies and building codes to accommodate active and frail seniors in new housing developments and to support aging in place.

GOAL #5 – Provide Transportation Options for Use by Seniors.

- a) Increase and adjust transportation services such as Para-transit;
- The Mobile Ticketing application was implemented, making it possible for people to pay for tickets with their smart phones as well as planning their routes and finding out when the next bus is coming.
 - Staff has been working with the City of Frederick to explore the possibility of a circulator bus that would provide a route around the downtown area.
- b) Expand more on demand trips;
- c) Consider out of county transportation to medical providers;
- Local non profit, Partners in Care, provides limited out of county transportation. As resources (i.e. volunteers, funding) become more available, this service could expand.
- d) Implement taxi voucher system for seniors.
- The contract for the Taxi Voucher Program has been approved and signed and the program should be implemented by the end of the year.

- e) Department is collaborating with non-profits that provide transportation services such as Good Will, Community Living, Scott Key and with Transit to streamline transportation services and create efficiencies between organizations. This was attempted several years ago but barriers like liability, fueling and insurance stonewalled any efforts.
UPDATE: Due to circumstances outside the committee's control, this item is on hold.

Themes from Staff Focus Group Questions and Answers

~~~Most Value~~~

We provide transportation; opportunities for socialization; good customer service. More seniors can stay home. We help navigate systems and resources; make connections; have real impact on lives; build trust; give companionship. We validate, listen, build trust and ensure dignity. We prevent abuse and neglect. Local teamwork and collaboration builds community.

~~~Least Value~~~

Some seniors' incomes are just over the line making them ineligible but we know they need the service. Eligibility determination must be assessed every 6 months for some programs. Having wait lists for services; demand high enough that triage is done. Quality of, lack of flexibility in menu choice, and nutritional value of congregate and home delivered meals. Time spent in meetings that don't provide value to clients. Duplicative reporting. Compassion fatigue and staff burnout. Lack of dementia services. Serving seniors with mixed abilities and needs at centers is too difficult. Client expectations are high and expect immediate services. Growing demand for services without more resources for those services. Policies and directives developed without local staff input.

~~~Impact of Growing Senior Population~~~

Current capacity of providers won't be able to handle the demand. Must increase capacity. Demands for transportation, housing, mental health and other services will grow. Mixing seniors with varied capabilities – physical, emotional, cognitive – will be more challenging as more seniors come for services. Larger waiting lists. Mandates for reporting and for services will be limiting and challenging. Language and cultural barriers will expand. More volunteers will be needed. Increased volume can decrease quality of services. Increased level of frail and needy. Staff ability to respond may lesson due to volume and current capacity. Expanding diverse population creates language and cultural barriers.

~~~ Change role and government funded services~~~

Better relationships. Increase capacity of services. More collaborative community supports and partnerships. Increase funding for staff and services. More opportunities for change. Be more proactive. New ways to deliver services. Add new services.

Increase capacity of:

- In-Home services – senior care; regionalize access
- Transportation

- Case management and navigation services
- Respite Care
- Ombudsman services
- Well elderly services
- Senior Plus model of services
- Mental health services

- Partnerships with the hospital and add more partnerships with others
- Determine how to serve mixed ability populations at senior centers
- No silos
- Have a hub of information and services
- Improve website, technology between agencies
- Improve meal quality
- Reduce or prevent wait lists
- Anticipate and plan for future
- Reduce paperwork.
- More advocacy, less worrying about numbers
- Fully fund programs
- Return senior care staff to county department
- Collocate, better shared use of facilities
- Address senior housing models for new housing
- One stop shopping for seniors

WHAT IS THE ASPECT OF YOUR JOB THAT HAS THE MOST VALUE?

Themes:

We provide transportation; opportunities for socialization; good customer service. More seniors can stay home. We help navigate systems and resources; make connections; have real impact on lives; build trust; give companionship. We validate, listen, build trust and ensure dignity. We prevent abuse and neglect. Local teamwork and collaboration builds community.

Group 1:

- Finding ways to save seniors money.
- Transportation – ability to bring seniors to the center for activities/socialization.
- Meals – congregate and MOW's.
- Providing opportunities for interaction.
 - Socialization – visits, games, activities.
- AERS in home assessments – connection to resources.
- Have programs to help support staying in the home & (rebuilding together).
- Case management – new program, adds value.
 - Limitations of funding for cm – navigations – huge.

Group 2:

- Keeping seniors in their homes.
- Assessing people in homes, environment/understand needs.
- Personal care – AERS important!
- Monitor health status.
- Wellness checks.
- Medication reminders.
- Nutrition needs met.
- Activities of daily living.
- Helping them to prepare for future health needs.
- Connecting with people – getting to know them.
 - Like family,....know needs.
- Helping to guide them.
- Navigation through a very complex system.
- Immediate, real impact on lives.
- Oversight for care (guardianship).
- Linking to resources.
- Helping to sort through their mail.
- Companionship.
- Building trust.
- Advocating for them (doctors, family).
- Help family members.

Group 3:

- Listening
- Finding resources

- Validating feelings?
- Empowering to be a good consumer, ok to questions.
 - It is a right to question (nursing facility)
- In Home Aids bestow “part of family” – personal care.
- Give clients dignity
- Help inform
- More in home care services for aging in home, helps prevent abuse and neglect.
- Personalize senior care graphically.
 - Senior Care Case Managers & Aids in each regional area (North, Brunswick, Frederick)
- DSS - Senior Care & LHS have wait lists – 3 cases manager, 8 aides.
- Dispense information.
- Fun, interesting, creates place for seniors to want to come.
- Good meal
- Teamwork among staff.
- We give good customer service.
- LT staff @DOA
- Frederick County viewed around state as very cooperative & collaborative.
- Frederick County DOA works very well with DSS – very nice w/less resources than other jurisdictions.

- Job aspects with value re: quality services
 - Listening, understanding, empathy, validating residents.
 - Empowering families to question re: decline in care.
 - Keeping people in their homes.
 - In-home aides become part of family.
 - Need more in-home care because they give clients dignity.
 - Work that supports family caregivers (it can reduce so many problems).
- IDEA: Regional senior care offices – have a registry and a waitlist.
 - North, Brunswick, Frederick
- Dispense information
- Transportation to centers – fun
- Ability to work together to help people
- Lots of cooperation and teamwork countywide

Group 4:

- Serve as gateway to all services
- Provide personal care
 - Stay in own home longer
- Able to get timely services
 - Reduced wait list
- Help navigate services through building trust and willingness to get services – explain availability.
- Ensure presence of meals on wheels
- Clients well-being/needs) -- results
- “Build community” at Senior Center
 - Form friendships, info enhancement
- Continuity of services and follow up through AERS.
- Get seniors out and lets them not be homebound.

- Offer educational/community sharing at Senior Center.
 - Doctor in-the-house, for ex.
- Ensure compliance for funding.
- *Give people hope
 - Provide free counseling services in home.

Group 5:

- Opportunity to provide education working one on one.
- Providing services to allow to remain in home (meal prep, etc.).
- Helping seniors stay where they want.
- Also helping the front workers/staff give support, being voice for seniors. Ex. Need transportation, need help w/meds.
 - Advocating for seniors
- Ultimate goal – helping remain in homes
- Collaborate with other agencies – pull resources together
- Well elderly vs. frail/needy
 - Triage who needs help most
- Positive collaboration in Frederick County; agencies work well together

WHAT IS THE ASPECT OF YOUR JOB THAT HAS THE LEAST VALUE?

Themes:

Some seniors' incomes are just over the line making them ineligible but we know they need the service. Eligibility determination must be assessed every 6 months for some programs. Having wait lists for services; demand high enough that triage is done. Quality of, lack of flexibility in menu choice, and nutritional value of congregate and home delivered meals. Time spent in meetings that don't provide value to clients. Duplicative reporting. Compassion fatigue and staff burnout. Lack of dementia services. Serving seniors with mixed abilities and needs at centers is too difficult. Client expectations are high and expect immediate services. Growing demand for services without more resources for those services. Policies and directives developed without local staff input.

Group 1:

- Financially over scale for services
- Congregate meals & meals on wheels – quality of
 - Is there an opportunity to partner for improved quality – taste/temp
 - Opportunity closer to home (MOWS) meals held over 6 hours
 - Could meals be prepared in Senior Center (has a commercial kitchen)?
 - Meals are thrown away due to quality. Processed food, poor nutritional value.
 - Opportunity to partner w/faith organizations, orchards for fresh fruits/veggies, FCC culinary program, reach out to programs doing this well, Beacon House.
- Cultural diversity in respect to food services
- Limitations created by funding
- Cost barriers to seniors/\$16 food stamps
- May need a way to screen or increase donation/financial support
- Qualification/dis. Services. Reassessment evaluate 6 months
- In home services not available on holidays
- Rec for resources from AERS – capacity of resources to start services quickly
 - Aide SVCS – activities of daily living
 - Transportation – anywhere in MD
 - Senior Center, Grocery Store
 - Chores/housekeeping
- Need to be sure program descriptions in DOA book are accurate – set expectations.
- Legal challenges – limitations around risk & liability
- No services to provide home repairs/modifications – keeping the home safe & livable (rebuilding together – not enough resources)

Group 2:

- Enabling vs. helping – monopol
- Time spent in meetings that don't provide value to clients
- Duplicative reports (between agencies) – also multiple timesheets (grant allocation)
- New processes – learning/computer glitches
- Time needed to get resources (research, paperwork grants for client needs)
- No real power to change policies/processes (State's Attorney)
- Politicians and others controlling how monies are spent, but not knowledgeable or involved in service delivery.
- Fed/State expectations vs. reality (case management)

- Compassion fatigue/burnout (Staff)

Group 3:

- Feeling like you cannot help
- Cannot find resource or services
- Putting clients on wait list
- Assessing clients and putting them on wait list
- Providing resources one month and not having it another month
- Not enough supplies – for incontinence
- Lack of dementia services at Frederick Senior Center (cannot afford daybreak) – 2 come w/caregiver
- Daybreak is full
- Mixing very active – feeble – middle ground – cognitively challenged.
- Mixing under one roof is too difficult
- Ombudsman can't always find solutions before client dies
- Not having enough resources – eg: out of County transport
- Maybe lacking information
- Clients' expectations are high and may be too high
 - Expect immediate services – can be very demanding
- More & more people to serve
- Paperwork – regulations
- Ombudsman – mandated to visit facility 1 x per quarter
 - Not doing more than minimum
- Eligibility is different for different government programs
 - Assisting with one resource may push a client out of eligibility for another program
- Redundancy in paperwork – programs use screenings and each must conduct them, not share
- State imposed standards or paperwork timelines to get each action completed.
- Not being able to help as fully as possible
- Assessing clients and then putting them on wait list
- Refusing/inability to meet needs. Ie: Boost, Ensure, Diapers
- Can work with Hood to get volunteers to help with dementia needs.
- Way too many different levels at Taney Center to meet their needs – 55 year olds, 85 year olds, dementia
- Not helping people who need transportation out of the county.
- Un-reasonable expectations (But can still give services) to meet needs that are growing.
- *See growing partnership with FMH
- *State is working on 2009 level 1 clients.

Group 4:

- Spend too much time on grant reporting (1/3 of time minimum)
 - Catch 22 – must do to get money
- Receive limited/too much family involvement during visit
- Lack of nutritional value of meals
- Lack of variety for client requests / flexibility in menu options
- Lack of services to fill gap for marginal income and time lost
- Thinks everything is valuable overall

- Spend time on unnecessary forms that are not required by state; for example same info 3/4 x 3

Group 5:

- Triage has become the norm because of limited resources
- Increased challenge to providing resources to clients right away
- EAVA (Elder Adult Vulnerable Abuse Task Force) Dept. of Aging created new service to work with local emergency personnel (EMS, police)
- System requirements that aren't directly related to need of clients
- Required training that takes time away from clients
- Policies written by people that aren't on front line to implement; local level different needs than what is needed.
- Lack of knowledge from higher agencies as to what jobs entail
- Requirements depend on financial reimbursement If requirements not met then funding is impacted
- In home aides required to have signature from client stating that they were there, some patients demented and unable. Also have telephone system
- Constant change in society that requirements and policies should not be "one size fits all" each county has different needs; diversity in care.
- Funding often drives the programs – no flexibility.
- When policies made – no opportunity to give feedback from front line workers before policy put in place.
- Contract works / high turnover. Hinders staff from being able to obtain the support that frontline staff need.
- Supporting staff
 - Directing
 - Increase needs of clients – hard on staff
- Challenges creativity
- EAUA – other counties
- Support each other – work together

WHAT IMPACT DOES THE EXPANDING OLDER ADULT SENIOR POPULATION HAVE ON YOUR WORK?

Themes:

Current capacity of providers won't be able to handle the demand. Must increase capacity. Demands for transportation, housing, mental health and other services will grow. Mixing seniors with varied capabilities – physical, emotional, cognitive – will be more challenging as more seniors come for services. Larger waiting lists. Mandates for reporting and for services will be limiting and challenging. Language and cultural barriers will expand. More volunteers will be needed. Increased volume can decrease quality of services. Increased level of frail and needy. Staff ability to respond may lesson due to volume and current capacity.

Group 1:

- Need more capacity within services and programs – resources – across all agencies serving seniors
- As client base (sr. population) grows – socialization interaction, having to do less/faster with clients to serve volumes

Group 2:

- More mental health needs
- More in-home services
- More money for increased staffing
- Gray area – eligibility for services
- Knowledge of socio-economics of their population
- Mandates for funding vs. unfunded needs
- Housing needs (cost/availability)
- Transportation needs (cost, limited) pre-scheduling required
- Escorts/companions to doctors, etc.
- Expanded case management
- More assisted living (affordable!)
- Seniors caring for addicted family members (or their children)
- People outliving long-term care insurance and other money

Group 3:

- Mixed abilities of clients at Center is too difficult to manage (see least value)
- Go home sad that I couldn't help – hard to leave at work
- Limited time to talk and listen to clients
- Older adults increased
- People with disabilities increased (under age 65) – not enough supplies, housing
- Scary to know this population is increasing middle class resources maybe be enough – in the gray area
- More of each group growing
- Disable at senior center have different needs than other active seniors
- Adults with disabilities have been cared for by aging parent and no planning for disabled adult and then what to do with adult when aging parents die.
 - As a youth family did not seek DDA help before youth turned age 21
- Larger wait lists

- Larger registry
- Do not see funding increases so bigger gaps in service
- Level 1 (Medicaid) screening occurring via MAP and senior care – state is going through list by date
 - By all 3 agencies
- Most critical needs will be addressed, less critical underserved until they become critical. NO prevention or not enough.
- Impact of Expanding senior population
 - Go home sad and depressed about few resources
- Limited time to talk to people
- Paperwork a problem
- Quarterly mandate for ombudsman is limiting
- Doing the minimum
- Victories less frequent
- Under 65 have very few resources, plus disabled (over 50)
- People just below the cutoff; gray areas
- So many different needs
- *Need to be PROACTIVE before the huge declines set in
- Concern about amount of redundancy and bureaucracy.

Group 4:

- Lack of funds – staff
- Expanding waitlists
- Delay of service based on volume and complexity of programs
- Lack of affordable and accessible housing
- “Pills vs food” – shouldn’t be forced to choose
- Lack of transportation
 - Accessibility/scheduling/cost
- Lack of doctors taking Medicare
- Increases in supplemental medical insurance
- Lack of building space at Senior Center
- More adult day services
- Expanding diverse population creates language and cultural barriers
- Limit on transportation – bus/driver to Senior Center
- Grants not available to government agencies that nonprofits can receive for similar services
- More personal supplies – money – donations
- More case management services
- Need greater awareness of growing senior populations needs through communications
- Need more volunteers
- Increased volume can decrease quality of services
- More needs with longer lives – mental health, etc.
- Get more volunteers from retirees “Seniors helping Seniors”
- Where will they live? Lack of support system.
 - Affordable housing – LTC facilities
 - Nursing care eligibility
 - No support at home

Group 5:

- Increased level of frail & needy
- Number of clients, can't respond as quickly as once did
- Waiting lists (can't catch up)
- Staffing needs to meet the increased numbers
- Access to health care; transportation need for case management; services available, affordable housing
- Affordable in-home aide services
- Well elderly – senior centers – limited income, want extended hours, exercise rooms, expectations are high, limited resources
- Narrow focus on who servicing
- Bureaucratic Req
 - Tracking
 - Redundant
 - One size does not fit all
 - Funding
 - Diversity in counties
 - Increased contract workers

WHAT WOULD YOU CHANGE ABOUT COUNTY GOVERNMENT SERVICES?

What would you change regarding your role?

Themes:

Better relationships. Increase capacity of services. More collaborative community supports and partnerships. Increase funding for staff and services. More opportunities for change. Be more proactive. New ways to deliver services. Add new services.

Group 1:

(did not label a sheet for this question, see last page.)

Group 2:

- Better relationship with State's Attorney – don't prosecute cases
- More mental health services!! Psychiatrists to go to homes
- More in-home services
- More staff
- Higher salaries commensurate with certificates/degrees
- Ability to use existing talent – certifications (giving meds, assessments, etc.)
- Ability to transport clients
- More case management (requires degree) (plus money)
- More affordable housing & support
- More dental care

Group 3:

- Regionalize In Home Care Services – Off site “hub”
 - North, Brunswick, Frederick
- Access more college interns & volunteers
- More partnerships with hospital
- We are aging disability resource center – MAP
- Services to help people be proactive and to plan ahead
- Add more staff and funding
- More community based seminar from hospital
- *Levondale Hebrew Home – across from Mt. Sinai
 - Strong day program
- Hire assistant (Senior Center Coordinator)
- Ombudsman apply civil penalties
- APS – has zero power – can only tell police – cannot do anything to address what they found
 - No emergency placement ability in adult foster care
- Smaller group home assisted living
- Maybe state come see their policies in action (MAP)
- Community Options Waiver – reduces care 24/7 to 4 hrs/day
- Case Manager wants to say yes more to clients, less paperwork
- Partially electronic & handwritten documentation
- More respite funding – already on waitlist in 5th month
- Getting message out to seniors we do not see

- May need to increase transportation and outreach

Group 4:

- Better wage scale
- More administrative support/volunteers
- Build earlier to be proactive and offer planning for
 - Education
 - Resources
 - Financial
- Increase gerontology education on issues
- Clone Elly x100x

Group 5:

- Time to respond
- Increase numbers
- Waiting list increase
- Well Elderly – Fitness, gym, increase hours, social opportunity
- Transportation!!!
 - Useable
 - Timely
- Health care – increase in issues homebound individuals
- Affordable housing
- Case management – Service available
- Return on investment
- Have been doing things the same way for a long time – need opportunities to change
- County having more investment for collaboration
- Budget has always stayed the same each year
- Make sure senior care fully funded. SW CM; in home aides – should not be a waiting list
- Proactive about being what the need will be in 5 years
- Would have county be the lead in helping with technology issues – collaboration with each agency
- Having each agency co-located would not be duplicating services
- Client could go to one place for all services
- Vulnerable disabled adults should also be served
- Involve hospital more to collaborate with community partners more (challenges as hospital has taken on their own)
- Work with hospital to create more community services/assist with financial need
- County need to come to decision about Montevue
- Want role to be able to be just being out advocating for clients vs. worrying about numbers
- Dual roles are very challenging. Want to be able to be out in community; need support to be able to do both roles.
- Having resources, adequate staff
- Ability to be able to service more clients
- Keeping clients in the home at 103 years old – drives to keep going
- Need to remember to say “Thank you” to the community workers for trying so hard with limited resources.

WHAT WOULD YOU CHANGE ABOUT COUNTY GOVERNMENT SERVICES?

What would you change about county government services for seniors?

Themes:

Better relationships. Increase capacity of services. More collaborative community supports and partnerships. Increase funding for staff and services. More opportunities for change. Be more proactive. New ways to deliver services. Add new services.

Group 1:

- Funding for more capacity resources.
- With limited funding available build creative partnerships with local groups, business, organizations to address needs and gaps.
- Communication – what’s happening....advocate.
- Find a way to work through/around regulates to connect willing/able populations with those in need.

Group 3:

- Increase funding for direct serves to build enough capacity to build senior center plus
 - Staff
 - Facility
 - Supplies
- Increase transportation capacity and area of service.
- Increase housing for disabled and seniors
- *Transit misses appointment due to broken down vehicle – senior now charged for missed appointment.
- Update senior needs assessment
- More shelters for bus riders
- More curb to curb service – without long waits
- Increase home health services and home based services
 - Aides, nurse practitioners, certified medical technicians
- Increase ombudsman staff and services
- Regionalize in home care
- Increase respite care
- Train aides to be Certified Medical Tech’s
- Move DOA funded county employees out of state system at DSS to DOA – split or just allow Senior Care staff to not state requirements policies. (a policy for 3 of us).
- DSS Adult Services Center – needs phone staff NOT senior care staff.
- Need another daybreak program
- Senior Plus
 - More rooms
 - Secure area
 - More staff – more aides, actual planners, etc.
 - Memory Café program is 1x/month is growing.
 - Activity and lunch – client & caregiver
 - Active senior space
 - Dementia space

- More fragile seniors
- More Outreach

Group 4:

- Increases budget for services
- Advocate more with federal government to update definitions (rural vs. urban)
- Revise Do of A website – more user friendly, current, functional
 - “best kept services”
 - Guide to non-government services/clearing house
- Sr government need to job shadow to see what staff actually do – “perception”
- Rearrange entitlement program focus for all government – Federal/state/local
- Better transportation to reach seniors with services
 - Mon wheeis
- Montevue maintained by County as AL
- Reduce duplication, breakdown silos, increase collaboration, sharing of facilities
- More information sharing among county agencies and others in community
- Master community calendar
- Job accountability for personal responsibility and standards
- Worry about “for profit”
 - Human commitment vs. profit
- Office cubicles lack privacy
 - Confidential conversations
 - ID theft
- More collaboration with businesses, non-profits, faith community, etc.
- Reduce red tape

Group 5:

- Return on investment – value utilization of available
- Define who & what we were
- Formalize collaboration – consider county located (Mont. County)
- Flex budget
- Senior care fully funded –
 - Eliminate waiting list
 - \$170,000 combined DOA-DSS
 - PP Client
- County lead in technology
- Client going to one location
- Expand focus to adult ...chronicity
- Elimination of duplication & technology
- Availability of meditech
- Increase FMH collaboration and community services
- Increase private public partnership
- Better financial resources allocation (FMH) con pull away other financial streams
- Conclusion on Montevue – other options
- Be the advocate

Group 1 – Opportunities/Ideal State

- Mission of Department of Aging – Connectivity to
 - Roll of senior services/center local government/policy
 - Restructure to reduce/decision makers/avoid duplication
 - Education/Advocacy
 - Shared access across all providers
 - Cleaning house to keep what services an individual is receiving
- Is there an opportunity to partner with diverse groups to bring services to seniors in the senior centers?
- Telephone reassurance – socialization
- Safety – drug disposal/hoarding medications
- Building codes – residence in the county
 - Substandard housing
- Impact of growing senior population
- Services are confusing – one stop shop – should be the Department of Aging
 - Advertising/education re: role of Dept. of Aging – screening & connectivity to resources.
- Blue book – online- add volunteers – any business, group, etc. Serving the community
 - Needs to well organized and kept up to date
 - Anyone looking for services for a client can access to help connect to services
 - Someone to gather all of this community resources/Services volunteer info.
- Montevue – housing for seniors who are not able to remain home/be safe
 - Need safe place, meds, meals, socialization
 - On the verge of crisis
 - Emergency respite care
- Educate banks/others re: release of info reporting of potential abuse/neglect situations
- Home based mental health services for seniors.
- All senior services located on one campus – easy access
- Redundancy of forms for different programs – duplication of work to apply for entitlement resource – state/federal issue
- Programs connected to tourism/relocation helping relocate seniors to Frederick.
- No gap coverage for seniors falling into the donut hole – advocacy/resources
- Closer connectivity to political leaders to advocate at a state level for senior needs.

Report from Senior's First Subgroup on Citizen Interviews

Introduction

The goal for this group's activity is to determine the current and future needs of the senior population in Frederick County. The group developed two survey tools, one for interviews with seniors using our current Senior Centers and a tool for interviewing seniors in the various communities in Frederick County (See Appendix A). The tools were developed for the purpose of standardizing the interviews to focus on current needs, perceived future needs and current barriers to services. The outcomes of the interviews are discussed in detail below in this report. The information falls into the same categories that were identified in the Needs Assessment of the Aging Population in Frederick County, MD conducted in 2013. The needs fall under accessible, affordable senior housing, transportation options, access to health care services, communications, socialization, and access to nutritional food.

Interviews

The sub-committee sought to meet with seniors throughout the county in small, informal focus groups, or with the leadership of churches or other groups that could speak of senior needs. The resulting interviews were held at or with:

- New Market (Signature Club @ Greenview and Lions Club)
- Urbana Senior Center
- Emmitsburg Senior Center
- Thurmont Senior Center
- Brunswick Senior Center and Senior Exercise group @ the Brunswick Park Building
- Brunswick House Independent Senior Living
- Middletown: Meeting of local officials and Middletown Valley People Helping People
- Frederick Senior Center
- First Missionary Baptist Church Seniors Group in Frederick
- Leadership of the Emmanuel Church of Korea in Frederick
- 3 immigrant seniors, all now US citizens, involved in community service; originally from Burma, China and Liberia
- Group of Chinese seniors from Urbana
- Commission on Aging

Each community individual and/or group was asked:

- 1) If they were aware of senior oriented activities in their community;
- 2) What services they were aware of provided by the Department of Aging;
- 3) What services do you think are needed in your Community now and in the future?
- 4) What services would they participate in at their community senior center, if available?
- 5) What suggestions they had for improving or adding additional needed senior services in their community?

The questions that were posed to the individuals and/or groups at the senior centers included:

- 1) What activities/services do you participate in at this Senior Center?

- 2) How would you rate the activities/services provided on a scale of 1 (poor) to 4 (excellent) or 5 (don't know)
- 3) What additional activities and/or services would you want to have available at this Senior Center?
- 4) What actions could be taken to increase senior participation at this Senior Center?
- 5) What services do you think are needed for seniors in your community?
- 6) Do you have any suggestions for improving or adding additional needed senior services in your community?

Interview Outcomes by Location

New Market Area had a total participation of 64 seniors. The responses to activities that seniors participated in at the Urbana Senior Center were exercise classes, crafts, computer activities, nutrition education, games, and puzzles, knitting and crocheting. They had health checks with a visiting RN. They described other activities that included dinners out together, trips and other center-sponsored activities. For the community members who did not participate at the senior center, they responded that they were not aware of the activities or services provided. They had not seen the **Resource Guide** or viewed the Department of Aging website. When asked what activities they would participate in if offered at the senior center, they identified:

- College classes at the center
- Bereavement classes including self-care issues (e.g. home maintenance, finance, cooking)
- Equipment for physical fitness
- Pool and ping pong
- Lectures/talks on senior issues, e.g. financial scams, medical services and costs
- Bus trips.

The seniors from the New Market and Urbana locations identified the following services as needed for seniors in Frederick County:

- Adult day care
- Transportation including taking people to the senior centers, to medical treatment appointments, for shopping for groceries, and other needs.
- Better communication about available services
- Wider distribution of the **Resource Directory**
- Senior housing information and availability
- Family caregiver support
- Food distribution services, including delivered groceries, in addition to Meals on Wheels
- Legal assistance
- Tax and financial information
- Health insurance and medical information counseling

Their recommendations for improving and adding additional services for senior in Frederick County were:

- Establish community coordinators for seniors within the Department of Aging in order to provide direct responses about local resources. Then people would know that they could speak with someone assigned to their area. Coordinators would each be assigned several areas. HOA's

within each community could be asked to find volunteers to support this program and work with the department coordinators.

- Rename the Department of Aging. Suggestions included Department of Senior Citizens and Department of Senior Activities and Services.
- Improve communication and publicity so that people are more aware of what is already there, e.g. Resource Directory and Dept. website.
- Have the Book Mobile come to more communities
- Provide discounts through the senior center check-in card, e.g. a prescription discount at CVS or Walgreen's, restaurant discounts.
- Consider expanding facilities/centers throughout the county by renting space in commercial areas with parking
- Find ways to offer water aerobics
- Partner with high schools, especially the technical school so that high schoolers could assist seniors with learning and then sharing maintenance skills
- Line existing tennis courts for pickle ball and communicate their availability to seniors.

The **Emmitsburg Senior Center**: a problem identified by the interviewer was lack of signage at the Senior Center. There was not signs to direct visitors to the entrance of the center in the basement of the Library Building.

A group of six seniors who regularly attend this senior center agreed to be interviewed. They related the following activities that they participate in through the Senior Center: exercise, cards and other games and other activities such as trips, and lectures on health from Nurse Steve. They also indicated that some seniors participated in activities Seton Village (a senior community). Outside of the senior center, few knew about any other activities or services. They had never seen the Resource Guide or viewed the Department of Aging website.

The seniors suggested the following programs that they felt would increase participation at the Senior Center:

- Yoga, Tai Chi, and other gentle exercises geared to seniors
- A dedicated entertainment budget so the Center could have more flexibility in the types of activities offered during the year-even \$1,000.00 would go a long way.

This group of seniors identified the following services that are needed in Frederick County:

- Transportation is a major issue because of the distance from Emmitsburg to the Frederick City area and to the availability of medical, social, shopping and other services.

Need better communication about what activities and services are available for seniors:

- Wider distribution of the Resource Directory
- Senior housing information and availability.

The suggestions and recommendations for improving senior services identified by this senior group are:

- Establish regional community coordinators for seniors within the Department of Aging in order to provide direct responses about local resources. The needs in Emmitsburg may differ from the needs in other parts of the county so make information and services more local and seniors could speak with someone familiar with their community.

- Change the name of the Department of Aging and Senior Centers. Suggestions included Senior Activities and Services Department and Emmitsburg Senior Activity Center.
- Improve communication and publicity so that people are more aware of what is already there, e.g. **Resource Directory** and DoA website.

The Thurmont Senior Center is an independent operating senior center that is not managed by the Department of Aging. This organization allows for coordination of organizations and resources to support the center. They have at least four fundraisers each year to benefit the senior programs. The Thurmont Ministerium, the local food bank, the city, and many churches provide additional support and resources for this senior center.

The activities provided at the Thurmont Senior Center include: cards and games, bingo, specialized art classes, and exercise classes for Zumba and Tai Chi. They also host visits from Nurse Steve, although these are limited now that the center is not part of the Department of Aging. Potluck lunches are very popular and draw seniors from the community.

The activities and services that were identified as likely to increase senior center participation are:

- More Yoga, Tai Chi and other gentle exercises geared to seniors at no charge or very low price.
- Tax preparation services
- Newer and better exercise equipment

This senior group identified the following senior services that are needed in their community:

- Transportation is major, especially because most of the medical facilities and providers are located in Frederick City. TransIT doesn't provide the services needed, especially for medical appointments that are not routine and scheduled way in advance.
- Better communication about what is available for seniors, perhaps a Seniors Association of Frederick County
- Wider inclusion of non-government services in the distribution of the **Resource Directory**
- Senior housing information and availability. Calls come in to the senior center and they don't know where to refer them.
- In Thurmont, many requests from seniors for help with maintaining houses-inside and outside, snow removal, etc. These services are important for seniors aging in place.
- Change the name of Senior Centers and Department of Aging to something more appealing to seniors.

Suggestions and recommendations for improving services for Frederick County seniors were:

- Improve communications and publicity so that people are more aware of what is available for seniors in public, private, and nonprofit fields.
- Coordinate organizations and individuals who would volunteer to help out with home and yard maintenance for seniors.
- Disseminate more written information on senior topics in newspapers and online. (The Thurmont Center has a column in the local paper)
- Include private and non-profit organizations for seniors in county services information, especially availability of state and local grants.

Brunswick Park Senior exercise group, Brunswick Senior Center and Brunswick House locations had a total 24 seniors interviewed.

The seniors in the exercise group and at the senior center were aware of the services and activities provided by the senior center. However, the seniors attending the exercise group that is sponsored by the senior center do not attend activities at the senior center due to the location and personal interest in other activities. Both groups would like to have a different, accessible location for the Senior Center in Brunswick that includes parking and space for exercise activities as well as other social activities at the center. The activities of the Senior Center are published in the local newspaper. The services were rated good to excellent and the senior center director, Cathy Barnes was praised for her support for the seniors and their needs in this community. The negatives were the location and size of the current senior center.

The seniors at the Brunswick House were informed about activities and services available at the senior center through the publication of a monthly calendar from the senior center that is posted in the lobby as well as the local newspaper. However, there were residents who admitted that they had not seen this information. The seniors at this location said that they did not participate in the senior center activities due to lack of transportation.

The seniors related that they would participate in the following activities if available locally:

- Exercise programs appropriate for seniors
- Day trips
- Education classes

The senior services that are needed in this community were identified as:

- More flexible public transportation between Brunswick and Frederick City area for shopping and access to medical services.
- Expansion of the Transit Plus to allow for transports for urgent medical provider appointments
- Affordable housing to meet senior needs at different stages of aging. For example, same level homes with ground level access, senior apartments and affordable assisted living units.
- More direct communication with seniors in the community to educate and inform them of available services.
- Better access to nutritional food with access to grocery stores and Meals on Wheels for frail, needy seniors.
- Access to social activities such as day trips to plays, concerts
- Local access to the FCC Institute for Learning and Retirement
- Business, local and county governments need to work together more effectively to provide needed services for seniors in the local community. Example, there is not grocery store in the Brunswick area.

- Available reference list of affordable support services for home maintenance, such as house cleaning and handyman for minor repairs.
- Access to physicians and healthcare providers in the community. Currently only one medical practice that does not except new patients with Medicare or patients with Medicaid.
- Access to dental care for low-income seniors

At the **Frederick Senior Center**, a total of 18 seniors, both men and women, responded to questions in casual conversations held in the cafeteria (long before the meal), in the exercise area as some were gathering before leaving and others were arriving.

The participants offered the following ideas for improving services both at the center and in other county services:

- At times of medical appointments when the “city bus” and “seniors bus” [county Transit and Transit Plus] services are not available, could there be a discount for using a cab?
- Could representatives go to different areas to explain the programs available at the Frederick Senior Center? Many of the needy are not aware of the many services.
- More seating or benches are needed in some bus stop areas.
- A need for more computer training.
- A need for grocery delivery.
- A need to announce [the center’s] travel outings.

The group of **5 Chinese seniors** from Urbana sat for a conversation at an area restaurant after participating in the County Executive’s proclamation ceremony for Asian and Pacific Island Heritage Month. They were excited to have been part of the ceremony and spoke through interpreters. These seniors are familiar with the Urbana Senior Center through the Urbana Library and the English as a Second Language classes they take there through the Asian American Center of Frederick.

- They are very impressed with the county library system and the availability of the ESL program being provided through AACF and the library. They can walk to the library, which is perfect for them.
- Language barriers are their biggest problem in accessing services. They would like to see more ESL opportunities.
- They would like to have a senior center that could accommodate their language; perhaps have more access to Google Translate.
- They are interested in exercise classes, photography classes and would like to take computer classes.
- Transportation is a big issue since none of them drive.
- With no social center that really meets their needs; they do not know other Chinese seniors in the county.
- They appreciate the personal touch from AACF; Lunar New Year event at the Urbana Library and the ESL classes.

The **3 immigrant seniors originally from China, Burma and Liberia** are all involved in community service work with new immigrants and other ethnic minority residents of Frederick County. They spoke about the needs they see in their work.

- Immigrant and ethnic minority seniors are not aware of programs, services and facilities outside their immediate family, neighborhood, church and ethnic groups.
- Transportation to services of any kind is a big issue for these seniors. They do not know how to use public transportation here.
- Language barriers are a very big issue; many seniors have difficulty learning English with any fluidity.
- Cultural differences, including food, limit their use of facilities such as senior centers. Again, language barriers keep them from participation.

- They would like to take exercise classes, participate in social activities among others of their ethnicity.
- Housing is an issue, especially in the Burmese community. In other areas of the country, Habitat for Humanity has built a lot of homes for Burmese refugees. Seniors need affordable and manageable senior apartments but are unsure of availability to those who are permanent residents but not citizens.
- A particular problem for senior Burmese is that those who came as refugees when older don't speak the language and have too much difficulty learning English in order to take the citizenship exam even though they have been here long enough to qualify. They are now at risk of losing the SSI benefits they received as refugees. This will leave them without income or services.

The leadership of **Emmanuel Church of Korea** noted that their congregation is made up mostly of seniors as their children and grandchildren have left the area for educational and career opportunities. 90% of these seniors are long-time US citizens and county residents. Their concerns include:

- The desire for an "international" senior center, like those in Montgomery County, which accommodate various ethnic groups under one roof while allowing each group to have its own space and to have appropriate meals delivered.
- They noted interest in providing support for such a facility if the county provided a building.
- Transportation is an issue because of some language barriers.
- Senior housing is an issue. They have land behind their church that they would be interested in developing for senior housing or a senior center but it is beyond city services.
- Meals on Wheels is not used because it isn't food they want to eat.
- These seniors don't participate in services much outside their church and cultural communities.
- Asian American Center is their connection to other services they need.

30+ seniors participating in the noon bible study/lunch group at **First Missionary Baptist Church** in Frederick took time out to talk about county senior services and ask questions.

- Only a very few had ever participated in any senior center activities in the county.
- Transportation was the overwhelming issue, particularly getting to doctor's appointments and getting home again. The issue of not having help getting on to and off the bus and into the offices was noted.
- It was noted that many seniors can't get to the grocery store or other stores for general shopping.
- Questions were raised about options for senior housing communities; were there any in Frederick and were any to be built?
- Problems with insurance plans were mentioned.
- Issues surrounding cyber/phone scams that prey on seniors were mentioned.
- Questions were asked about services for housing repairs to help seniors stay in their homes were also raised.

The visit to **Middletown** and the meeting with **town officials and representatives of Middletown Valley People Helping People, a local non-profit organization**, was a collaboration of several groups that allowed us to all hear about the work being done in that community as well as the issues they face.

- MVPHP serves the feeder communities for area schools, so it takes in a large area. They serve a variety of community needs, not just for seniors. Many volunteers; provide transportation locally as well as to Baltimore and DC when needed for medical appointments. They have wheelchair accessibility.
- Provide popular exercise class for people 50 and over
- Provide drivers for local Meals on Wheels routes
- Provide support to local senior citizens group
- People contact them through town website, local churches, the Food Bank, town offices, local papers and word of mouth.
- They wish to retain local control, but would like to have a senior center in the area.
- The demand for transportation assistance has decreased, but that may be because individuals in need contact drivers directly.
- They conduct their own fundraisers.

Meeting with the Frederick County Commission on Aging: Commission members met with members of the sub-committee after their May meeting at Winchester Hall. There was substantial participation on a wide variety of issues.

- There was discussion of the growing population of retired individuals who are highly trained professionals in their fields: how best to utilize their talents? Many wish to work part-time as well as volunteer. What opportunities might exist for job sharing, and how to make those connections? How might city and county government take advantage of this knowledge base? These people want to be challenged.
- There was a great deal of discussion on the senior center concept: that “today’s senior centers are not going to serve future retirees.” Some needs are being met, but not all; needs are changing. Senior centers need to be “revamped and revised.”
- The possibilities of intergenerational activities were noted; potential for building senior centers in schools/libraries. Potential for partnerships with the Y, for example, to provide more resources and services.
- Discussion of how the rural areas may have different needs than the urban centers; “one size doesn’t fit all.” All the centers need to be evaluated.
- Marketing of senior centers and services is needed.
- Discussion of how to look at what other counties/areas have done with their senior centers; options for making them into non-profits; raising funds; leveraging funds; building community relationships and making senior centers the “focal point of the community.”
- Discussion of foreign-born retirees; language and cultural barriers - what is the outreach plan? We aren’t bridging the gaps; senior centers must be more welcoming to diversity. It was noted that a “key component” of our area plan is “outreach to minorities and low income” individuals.
- Access to services throughout the community is a major issue. People need a way to get around the city easily; the bus system doesn’t provide this.
- There was discussion of the DoA’s need to be willing to change its model; the need to work with each community and community organizations to ensure activities in each area meet the need.
- The need for creative options in affordable senior housing was noted. People are leaving the county because they can’t find affordable housing where they can “age in place.” Builders aren’t building for seniors - lack of one-story ranchers.
- Discussion of “what should the Commission do?”

- 1) Advise the county executive and Department of Aging
 - 2) Advocate for seniors
 - 3) Better understand the Area Plan; DoA needs to educate the Commission on what drives the Area Plan; question was raised as to why the Commission isn't involved in preparing the Area Plan? Follow the money from state to local government.
 - 4) The DoA needs to "be more forthcoming with information;" the Commission needs to see the data; "data has not been available to us." Need for greater flexibility and for the Commission to "be at the table;" the need for more transparency.
 - 5) Suggestion that the DoA is focused on the day-to-day; "somebody needs to be looking at the research; best practices;" "who implements new changes?" It is frustrating if all the effort doesn't get us anywhere.
- Commission seen as "full steam ahead" with "energy and enthusiasm" - "spirit of sharing information, identifying problems, advocating for seniors."
 - Discussion of need for a change in attitude: instead of "We can't...." Need to see challenges; how can we make it work?
 - Discussion on the role of the Commission: the by-laws call it a "voting" commission; what does that mean? Member see the Commission as having advocacy role; we "don't always have to agree with the DoA."
 - No one see themselves as "directing" the staff. "Help us better understand your challenges so we can help."
 - Need for data and to understand it. Need to understand waiting lists. Ask about what you (DoA) don't know. Need for flexibility in relationship between DoA and CoA: being open, facilitate communication to promote advocacy; "joined in support of seniors."

Summary of Issues:

The major issues that were identified in the interviews fall into the categories of:

- Transportation
- Affordable, appropriate senior housing
- Communication with seniors in their communities
- Access to healthcare services and providers
- Flexible organization of services and activities at senior centers in the community
- Access to nutritional food through grocery stores, food banks and Meals on Wheels
- Access to affordable reliable home maintenance services for senior home owners
- Using more and better data collection and analysis to determine needs, wants of seniors; how well services are being provided; greater flexibility; make it easier for CoA to advocate for needs; inspire change in services as needed.
- Make use of the senior talent pool

Appendix: Survey Tools

Report from Seniors First Subcommittee on Data and Financial Information

This is a subcommittee report of the data and financial and organizational structure of senior services within Frederick County. Note that while the report references seniors the Department of Aging now includes adults with developmental and intellectual disabilities in addition to seniors.

General points:

The Department of Aging (DoA), Department of Social Services (DSS) and a division of Frederick County Health Department, specifically the Adult Evaluation and Review Services (AERS) are included in this report. It is clear these three agencies closely coordinate their services and communication to meet the needs of our citizens. There are other services provided in the County by not for profit organizations, volunteer organizations, religious organizations and others that are not references in this report but all provide invaluable services to seniors.

Financial resources come from multiple sources, many of which are grants for multiple programs. Therefore, identifying and tracking funding and expenditures is complex and difficult. Data kept by the DoA are generally based on grant reporting requirements. Personnel funding and expenses are budgeted based on funding mechanisms. For instances, the salary for one full time equivalent (FTE) for a Program Specialist is funded by five different accounts, a Client Services Coordinator is funded by three accounts, and the Senior Center Coordinator position has four different accounts. Salaries and fringe benefits for positions such as Program Specialist range from \$75,000 to \$99,000.

The numbers reflected in this report are based on available data but may not totally reflect the financial picture of the DoA or the services provided due to the complexity of the multiple financial resources and data types available.

Organization of the report is based on the three departments and services within those departments. The outline is:

- Department of Aging
 - Senior Centers
 - MAP I&A/SMP/SHIP
 - Ombudsman
 - Meals on Wheels
 - Home Delivered Meals
- Department of Social Services
 - Senior Care
 - Adult Protective Services
 - Guardianship
 - Project Home
 - Senior Care/Social Services to Adults
 - In-Home Aide Services

Frederick County Health Department
AERS

FREDERICK COUNTY DEPARTMENT OF AGING

The total 2015-2016 budget for the Department of Aging is \$3,109,146. Of this total the County contribution is 59.1% or \$1,836,004. Of the County dollars \$608,268 or 33% of total County funding is allocated for General Administrative purposes. Specifics under this category were not identified.

Additional funding comes from:

- Federal: \$718,517 or 23.1%
- Maryland Department of Aging: \$371,341 or 11.9%
- Department of Health and Mental Hygiene: \$1,500 or 0.0%
- Donations: \$9,077 or 0.3%
- Miscellaneous Revenue: \$78,507 or 2.5%
- Collections: \$94,200 or 3.0%

Senior Centers:

There are four (4) senior centers under the auspices of the Department of Aging. These are in Brunswick, Urbana, Frederick and Emmitsburg. Identifying the financial issues with each center is complicated due to the funding structure for this line of service.

Funding for Senior Centers comes from several grants but it is difficult to determine the amount of County funding allocated to Senior Centers. The DoA does attempt to identify expenses for each Center but these are partial numbers since such things as rent are not included in the calculations. These expenses are in different departments. Rent is budgeted under the Department of Public Works. The revenue for activities occurring within each Senior Center is also not identified. From the available data it was difficult to determine the percentage of funding that comes from the county budget.

Available data annualized show the budgeted expenses for Senior Centers is approximately \$528,480 of which 67.51% goes for salaries and fringes or approximately \$356,777 dollars. Food, both congregate meals in the Centers and home delivered meals, comprises 24.26% of the expenses. The next largest percentage of expense is exercises classes at 4.04% with the majority of this at the Frederick center. Again, there is no identification of revenue received from these classes.

Annualized expenses for each Senior centers are:

- Emmitsburg--\$117,360
- Brunswick--\$99,600
- Frederick--\$244,320
- Urbana--\$76,200

There are two identified budget line for congregate meals with a total annual amount of \$251,073. Of this amount the County is budgeted to contribute \$37616 or 15% of the total amount. The majority of the remainder comes from MDDoA and the Federal government. In addition, collections were budgeted at \$21,000 but there was no data to indicate the amount of client contributed received. Expenses budgeted for each Senior Center for congregate meals totaled approximately \$51,000. With the available data the differences between these numbers could not be reconciled.

Congregate meals are served and tracked by individuals over 60 and those under 60 years of age. Data for congregate meals includes the following monthly averages:

- Meals Ordered--906
- **Total Meals Served--762**
 - Difference: --144
- Meals Served to those over 60--697
- Meals Served to those under 60—66
- **Total Participants—175**
- Participants over 60--163
- Participants under 60--12

Staff indicate that congregate meals utilization is decreasing and home delivered meals is increasing. Again there is not enough data to make a judgment about utilization. Data for this report is from the months of October, November, December, January and February of 2015-2016. The corresponding meals served for this months was 894, 753, 876, 622, and 666. An analysis should include additional months that cover different times of the year and should be done by days, accounting for variations in days of the month.

Also, there has been some feedback from citizens that they do not like the meals. There was no evidence that meal satisfaction surveys have been done to help identify why utilization is decreasing as staff believe.

Transportation through the Department of Aging revealed an annualized monthly average of 497 one way trips per month and an average of 41 clients.

Utilization of the Senior Centers is hard to identify but again, working from available data the units of service for all encounters averages 3989 units per months. These encounters include:

PROGRAMS	AVERAGE/MONTH ENCOUNTERS
Health Education	259
Health Screens	248
Nutrition Education	178

Physical Fitness	1204
Consumer Education	161
Recreation	1939
TOTAL	3989

Feedback from staff revealed Brunswick has very low participation and there has been discussion of closing this Center when cost versus utilization is considered. However, both staff communication and feedback from consumers revealed the center is small which restricts some activities. Also, the center is not easily accessible with parking being very difficult. Staff indicate the need for a different site has been communicated to the Brunswick City government.

There is no evidence that satisfaction surveys are done by each Senior Center; nor is utilization accurately tracked and matched to revenue and expenses. There also has been no identified analysis of need in geographic areas services by the current County managed Senior Centers. These gaps should be corrected prior to a decision to close a facility. In other words, there is no identified criteria regarding evaluating the value of a Senior Center.

Regulations mandate many of the services offered at Senior Centers. These regulations were not reviewed but would be a critical step in any planning for Senior Centers within the County. Thurmont City runs its own Senior Center. Data from this Center is not included in this report but this also would be an important part of Senior Center planning.

MAP I&A/SMP/SHIP

The Department of Aging groups these programs together in their reporting format.

- MAP stands for Maryland Access Point and I&A is Information and Assistance. This is a state program with the goal of having one contact point for individuals to access information and assistance with all of the services under the Department of Aging to make better informed decisions.
- SMP is Senior Medicare Patrol with the goals of reduction in the amount of federal and state funds lost due to health insurance fraud and increase the public's awareness of fraudulent activities.
- SHIP is Senior Health Insurance Program and provides confidential assistance to seniors about their health insurance options.

The budget for these programs is divided into sections and revenue sources. The budget amount allocated for MAP is \$156,114 all of which is county funding.

There are multiple services under these programs. General calls per month average in fiscal year 2014-2015 was 525 but have averaged 620 for the first eight months of this fiscal year. In

addition, there were appointments and walk in requests. For this fiscal year these three items have a combined monthly average of 760 contacts.

Interventions tracked under these programs include:

- MD Elder Abuse Program (MEAP) applications—average per month=12

- Tax credit applications—average per month=11

- QMB/SLMB applications—average per month=15.6

- Medicare Part D subsidy—average per month=34.9

- Part D open enrollment—average per month=364

- Income tax appointments—average per 183

- Level 1 screen for Medicaid applications

Part D open enrollment assistance and Income Tax assistance are cyclic based on enrollment and due dates. Generally, these services are offered for three (3) months and the averaging for these two services was based on three months of service per year. Income tax assistance is generally provided by volunteers. In the last fiscal year there were seven (7) volunteers assisting with this service.

Additional services include support group assistance, unduplicated clients accessed assistance and HCBO clients (OAW, CFC).

Ombudsman:

The annual budget for the Ombudsman position is \$95,781 with the County contributing \$51,957 or 54.2% of that annual amount with the rest, \$43,814, coming from MDDoA. Review of the functions of this position for the first eight (8) months of this fiscal year revealed the following:

- Cases opened: average per month--2.1

- Complaints Received Total: average per month--2.75

- Facility Consultations Total: average per month—8.0

- Consultations Non-Facility: average per month--18

- Surveys Attended: average per month--0.5

- Visits to all Facilities: average per month--8.13

These numbers involve assisted living facilities, nursing facilities and non-facility interactions. Analysis of work load was difficult with available data. This was the only signal person function identified in the review so an attempt was made to quantify the workload of this position by using converting available numbers to percentage of time spent on each function. Using this the results were:

- Cases opened=1.09 hours per week

- Complaints received=2.55 hours per week

- Consultation facility=7.84 hours per week

- Consultation non-facility=17.59 hours per week

Survey attending=0.49 hours per week
Visits to facilities=7.95 hours per week
Total: 37.51 hours per week

Consultation non-facility was 46.9% of the work load. Non-facility consultation occurs when individuals communicate with the Ombudsman regarding specific issues with a nursing home of assisted living facility or have general questions about long term care including options in care and how to select a facility when needed.

Meals on Wheels:

Total annual budget for Meals on Wheels (MoW) \$286,199 of which \$197,950 or 69.2% of the total is directly from the County budget. Clients are expected to pay if they can and the budgeted client revenue for the year is \$27,000 or 9.4% of the MoW budget. We were unable to determine exactly how much clients do contribute or the percentage of clients who can pay for the delivered meals.

The Maryland Department of Aging (MDDoA) annual contribution is \$31,046 or 10.8% of the budget. Additional revenue comes from Department of Health and Mental Hygiene, donations and miscellaneous revenue. These contributions total \$3936. A budgeted amount outside of the MoW line item is a contribution of \$25,000 from Friends of Meals on Wheels.

Three vendors currently prepare meals for MoW. Working from five (5) months of numbers it was difficult to draw conclusions from these numbers. The cost of meals from each of these locations varies with Homewood site being the most expensive at \$4.40 per meal and the "prison" site being the least expensive at \$2.50. First, the months available were October, November, December, January and February. These months include major holidays and the risk of bad weather. Second, there were some inconsistencies in the numbers. Some of these could be figured out and corrected but not others.

The average number of clients receiving MoW per month is 160 individuals with 8.8% of these individuals being younger than 60 years of age. The average number of meals ordered per month from all three sites was 5253. The average number of meal units served was 5032 or a difference of 221 meals per month.

Meals are delivered by volunteers with specific routes. In February there were two (2) routes at capacity but no routes exceed capacity. There was one (1) route with available slots for two people. Since July 2015 there are 38 individuals waiting for an opening on a filled route. There were a total of 48 people on the waitlist. In February there were 15 new intakes for MoW with four (4) persons activated.

It was unclear what type of analysis was done to eliminate or reduce down the waiting list.

There are specific qualifying criteria for individuals to receive meals on wheels. While there is a staff person who monitors each person receiving MoW at least every six months it was unclear how closely this monitoring determines if the persons still meet the criteria for qualification. For instance, the volunteer drivers do not seem to be queried regarding the recipients continuing to be home bound. There was feedback that drivers have had to wait for recipients for unload their groceries from the car that they had just driven in to receive their meals. With a wait list and limited routes or limited slots within routes it seems it would be critical to phase out individuals who no longer meet the enrollment criteria. Creative problem solving needs to occur to minimize the wait list for MoW.

Home Delivered Meals:

Data regarding utilization of home delivered meals is included in the Meals on Wheels data. As far as funding goes there are two separate line items in the budget for HDM but the total is \$130,866. Of this total budgeted amount \$13,127 or 10.5% is contributed by the County. Also \$9,000 is budgeted for collections but there was no data to indicate how much was collected from those receiving the meals.

Department of Social Services

Senior Care:

Currently these services are managed and delivered through the Department of Social Services (DSS) through an arrangement established far in the past that has continued. Total budget for Senior Care is \$454,346 of which \$245,038, or 54% is County dollars. The remainder comes by Maryland Department of Aging (MDDoA).

Clients are divided between Senior Care (SC) and Social Services to Adults (SSTA). Services shared between DDS and DoA include Adult Protective Services (APS), Guardianship, Project Home, Senior Care and SSTA, and In-Home Aide Services. Details regarding budget and data for division of expenses between departments and services were not available during the study. Utilization numbers for the first nine (9) months of fiscal year 2016 follows:

Adult Protective Services:

The total APS investigations for the nine months was 172 cases or a monthly average of 19.1 investigations. Of the 172 seen thus far six (6) are continuing cases and 67 did not meet criteria.

The types of abuse included 18 physical abuse, 2 abuse/exploitation sexual, 57 financial exploitations, 38 neglect by others, and 57 self-neglect.

Guardianship:

There were 16 guardianship assessments initiated during the 9 months or a monthly average of 1.77 assessments. The monthly average number of guardianship clients handled by DoA is 20.4 individuals. DDS handled an average of 13 clients per month.

Total average of 20.8 or 21 clients per month of which an average of 3 individuals are in in assisted living, 14 in nursing facilities, 0.9 or 1 in the community, and 3 of those are in group homes.

Specific average monthly encounters included:

- Care plans attended 4.7
- Health care appointments attended: 3.38
- Number of clients who died: 7 clients died during the 12 months
- After hours' calls: 20.88
- Guardianship pending: 4.3 average but the monthly range was from 0 to 10 individuals pending.
- Guardianship avoided: 1

The after-hours calls can be notification of a fall, notification of change of condition, or notification of death.

There is a line item in the budget for Public Guardianship with a total budgeted revenue of \$67,124 with the County contributing 68.9% or \$46,082, MDDoA contribution \$12,965 and \$8077 from donations and miscellaneous revenue.

Project Home:

This service is adult foster care. An average of three (3) assessments are done monthly with 18 clients receiving care in this type of family based setting in a total of 13 homes.

Senior Care/Social Services to Adults:

Working from nine months of 2016 data there is an average of 116.3 SC clients per month and 27.6 SSTA clients per month for a total average of 143.9 clients per month during the first nine month of the year.

Staffing for this services is budgeted at 4 full time equivalents (FTE's) but is currently staffed at 3 FTE's due to illness of staff. Based on the average number of total clients this is an average case load of 47.96 or 48 clients. According to DDS the average case load is 45 clients per FTE.

There are two types of wait lists for SC and SSTA clients. First is the number of individuals waiting for assessments. For SC clients the nine-month average was 47.5 clients and the average for SSTA clients was 4.8. However, the range for SSTA clients was between 1 and 20.

The wait list average number of Senior Care clients who have been assessed but waiting for services is 47.6 with the average for SSTA clients being 4.4. The average total of both types of clients waiting to be served, including assessed and non-assessed, is 104.5 individuals. According to DSS the average time on the wait list is six (6) to nine (9) months.

In-home Aide Services

This service is staffed with three (3) FTE's from DSS employees and 4 FTE's from contract services. This contract issue provides a challenge for DSS in that the contract is issued by the state and there is only one approved agency that will service Frederick County. This limitation creates two problems in providing in home aide services for clients. First is the number of aides available from the one agency that will cover Frederick County and the second is the managing of quality of services provided. This is a problem that is solvable and should be addressed as soon as possible.

The issue of the wait list for in home aide services seems to be both a staffing issue and a cost issue. This needs to be explored further with the specific factors creating the wait list and solution options identified.

Average open services for the in-home services is 65.7 for SC clients and 9 for SSTA or 74.7 total services. Eight (8) clients is the average case load per FTE.

The average monthly total waitlist for SC clients is 18.9 with a range of 28 to 7 however during the nine-month period. The average for SSTA clients is 16.6 which closely matches the monthly numbers. The combined monthly average for the in-home services wait list is 35.5. Again, according to DDS the average time on the wait list is 5-9 months.

Frederick County Department of Health

Adult Evaluation and Review Services (AERS)

This is a Maryland Medicaid program that provides comprehensive assessments for seniors and adults with functional disabilities who are in need of long term services. The goal is to assist these individuals to remain in the community for as long as possible. Most of the services are reimbursed on a fee-for-service basis but the County, as of this fiscal year, does fund a care manager position at \$87,000 annually.

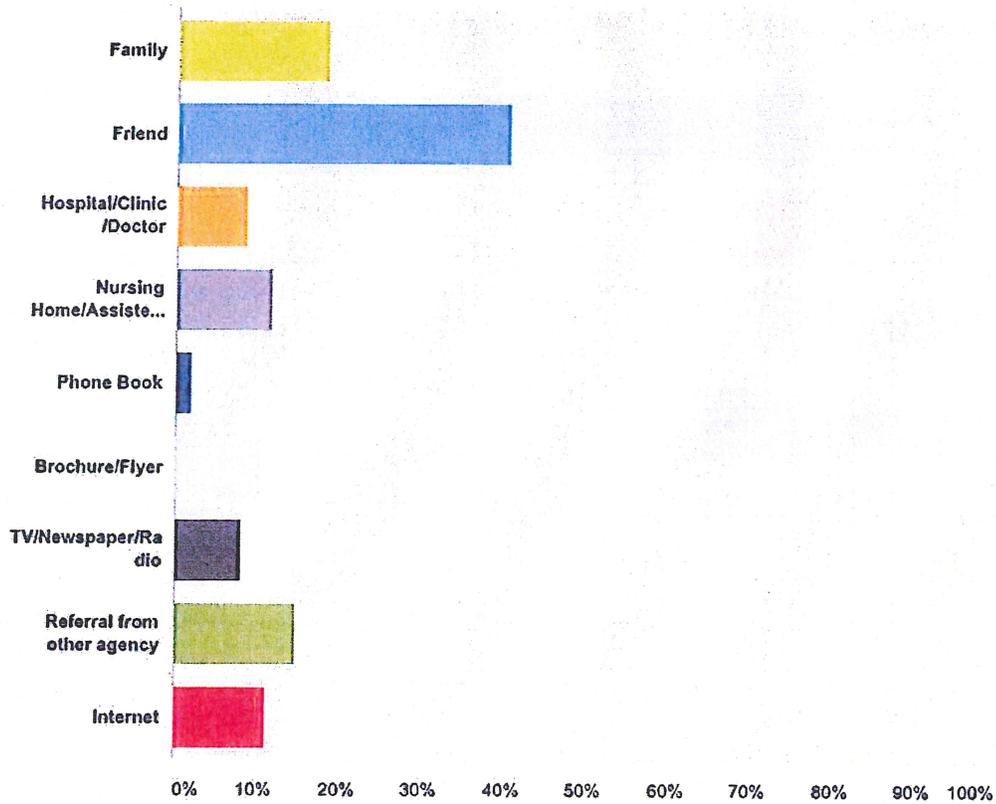
During this fiscal year AERS has had 642 referrals or a monthly average of 92 referrals. The total number of evaluations done in the first seven (7) months of the year was 612. The calculated cost for each assessment is \$458.62.

The AERS staff do evaluations but do not deliver services other than care management. They work closely with DoA and DSS referring clients to the appropriate available services needed to maintain the person in the community.

Frederick County Department of Aging 2015 Client Survey

Q1 How did you learn about the Frederick County Department of Aging?(Check all that apply)

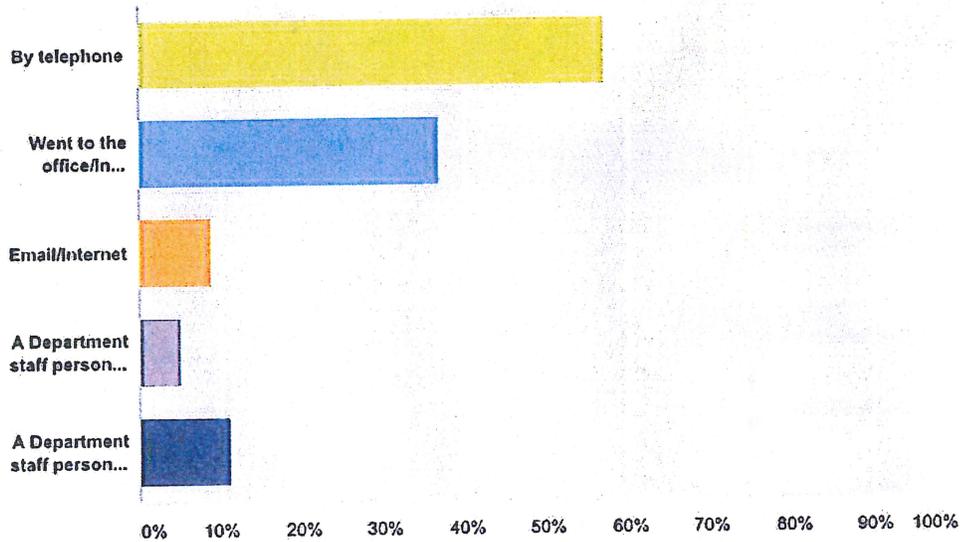
Answered: 222 Skipped: 26



Answer Choices	Responses	Count
Family	18.47%	41
Friend	40.54%	90
Hospital/Clinic/Doctor	8.56%	19
Nursing Home/Assisted Living	11.71%	26
Phone Book	1.80%	4
Brochure/Flyer	10.36%	23
TV/Newspaper/Radio	8.11%	18
Referral from other agency	14.86%	33
Internet	11.26%	25
Total Respondents: 222		

Q2 How did you contact the Frederick County Department of Aging?

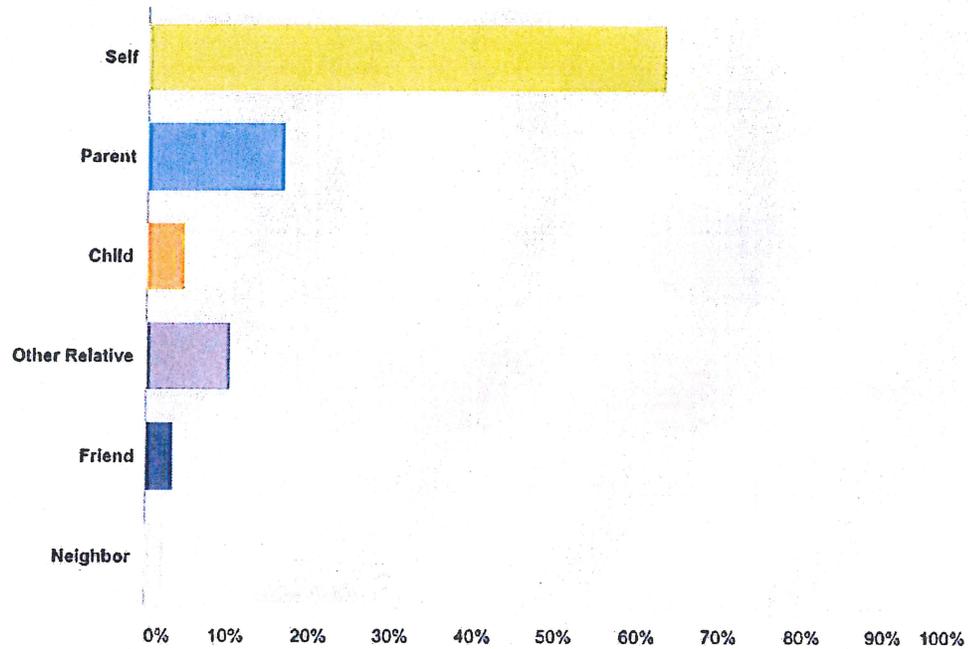
Answered: 237 Skipped: 11



Answer Choices	Responses	Count
By telephone	56.96%	135
Went to the office/In person	36.71%	87
Email/Internet	8.86%	21
A Department staff person came to the Senior Center	5.06%	12
A Department staff person came to my home	10.97%	26
Total Respondents: 237		

Q3 On whose behalf did you contact the Frederick County Department of Aging?

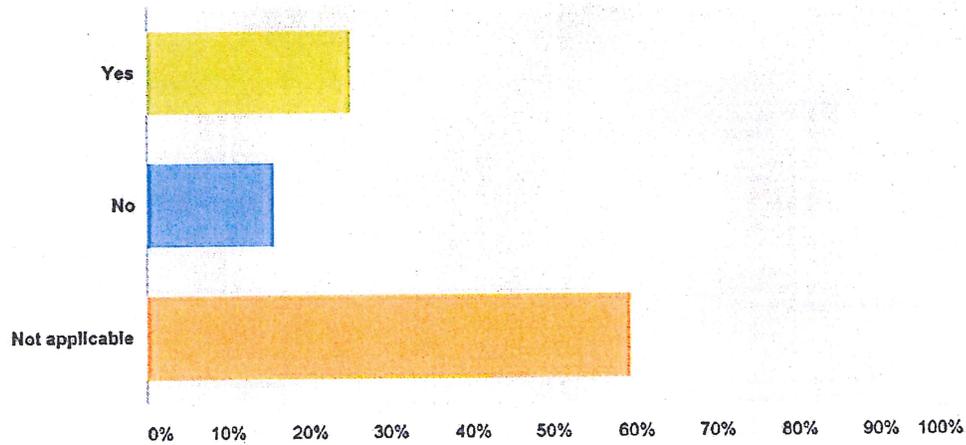
Answered: 216 Skipped: 32



Answer Choices	Responses	Count
Self	62.96%	136
Parent	16.67%	36
Child	4.63%	10
Other Relative	10.19%	22
Friend	3.24%	7
Neighbor	2.31%	5
Total		216

Q4 If you contacted the Department of Aging for someone other than yourself, are you the primary person caring for them?

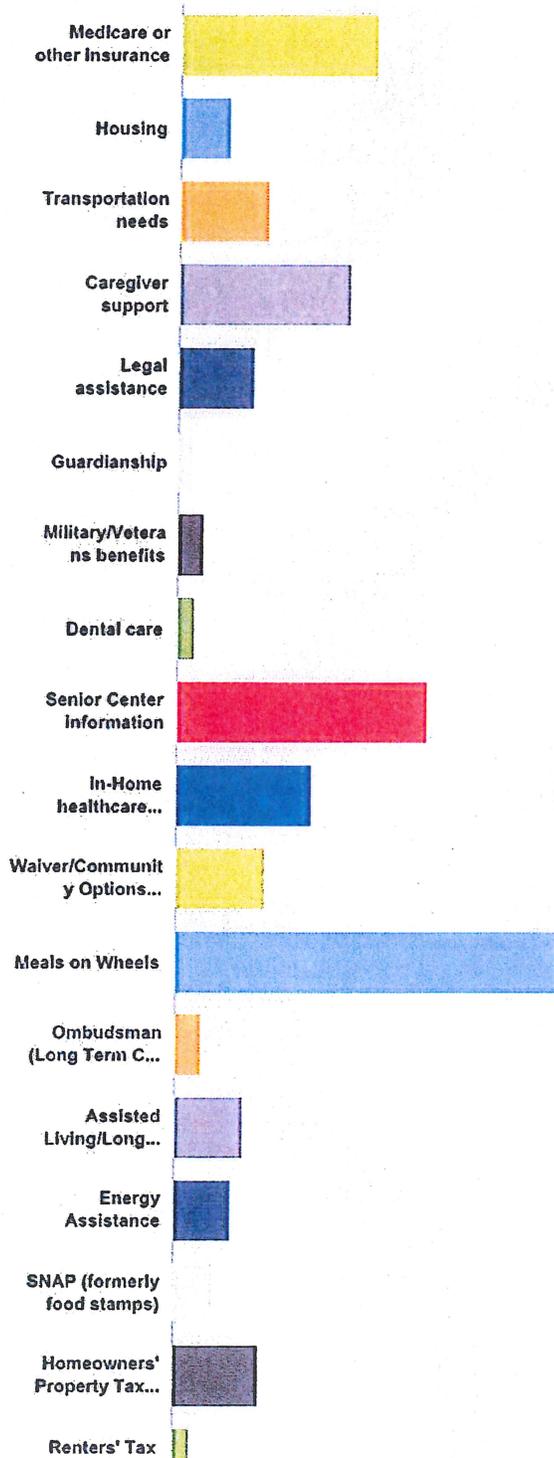
Answered: 231 Skipped: 17

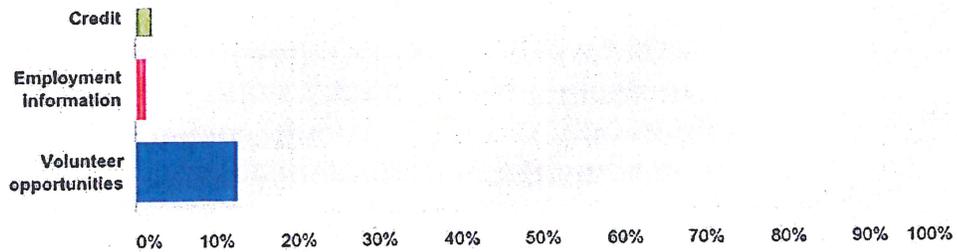


Answer Choices	Responses	
Yes	25.11%	58
No	15.58%	36
Not applicable	59.31%	137
Total		231

Q5 What was your primary reason for contacting the Frederick County Department of Aging? (Check all that apply)I needed information about:

Answered: 230 Skipped: 18

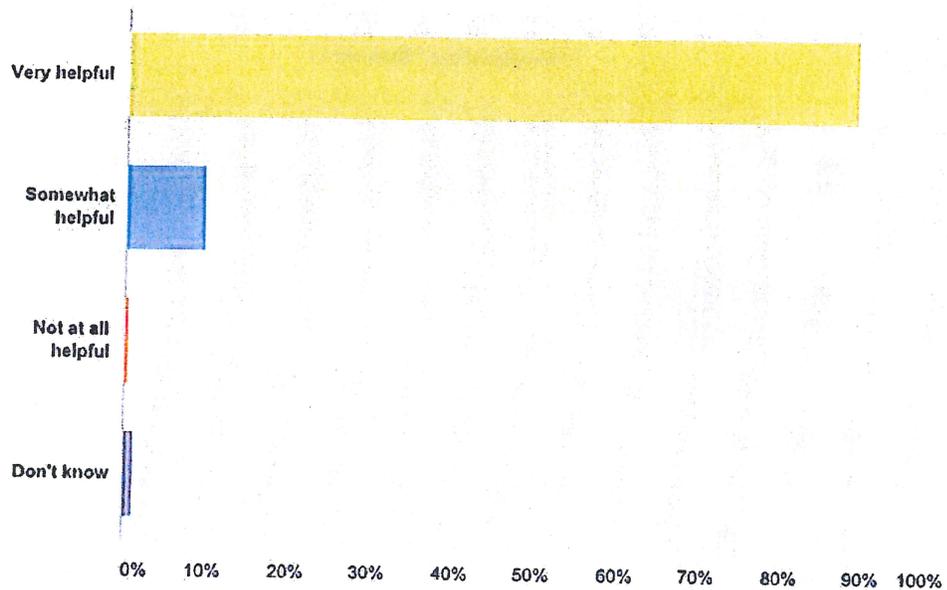




Answer Choices	Responses	
Medicare or other insurance	23.91%	55
Housing	6.09%	14
Transportation needs	10.87%	25
Caregiver support	20.87%	48
Legal assistance	9.13%	21
Guardianship	1.74%	4
Military/Veterans benefits	3.04%	7
Dental care	2.17%	5
Senior Center information	30.43%	70
In-Home healthcare providers	16.52%	38
Waiver/Community Options Waiver	10.87%	25
Meals on Wheels	46.96%	108
Ombudsman (Long Term Care Advocate)	3.04%	7
Assisted Living/Long Term Care Information	8.26%	19
Energy Assistance	6.96%	16
SNAP (formerly food stamps)	4.78%	11
Homeowners' Property Tax Credit	10.43%	24
Renters' Tax Credit	2.17%	5
Employment information	1.30%	3
Volunteer opportunities	12.61%	29
Total Respondents: 230		

Q6 Was the information you received helpful?

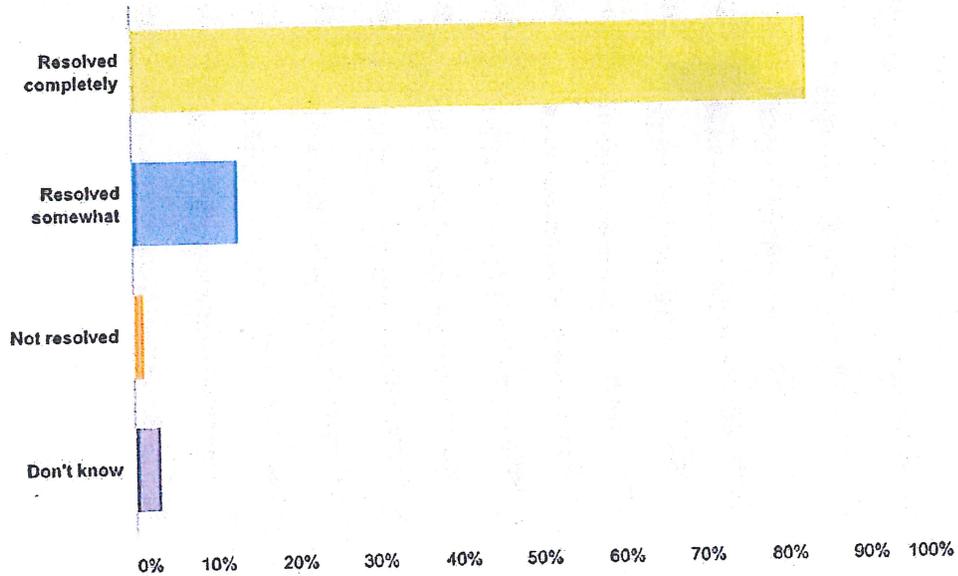
Answered: 241 Skipped: 7



Answer Choices	Responses	
Very helpful	88.80%	214
Somewhat helpful	9.54%	23
Not at all helpful	0.41%	1
Don't know	1.24%	3
Total		241

Q7 Based upon your contact with the Frederick County Department of Aging, were you able to resolve your issue and/or meet your need?

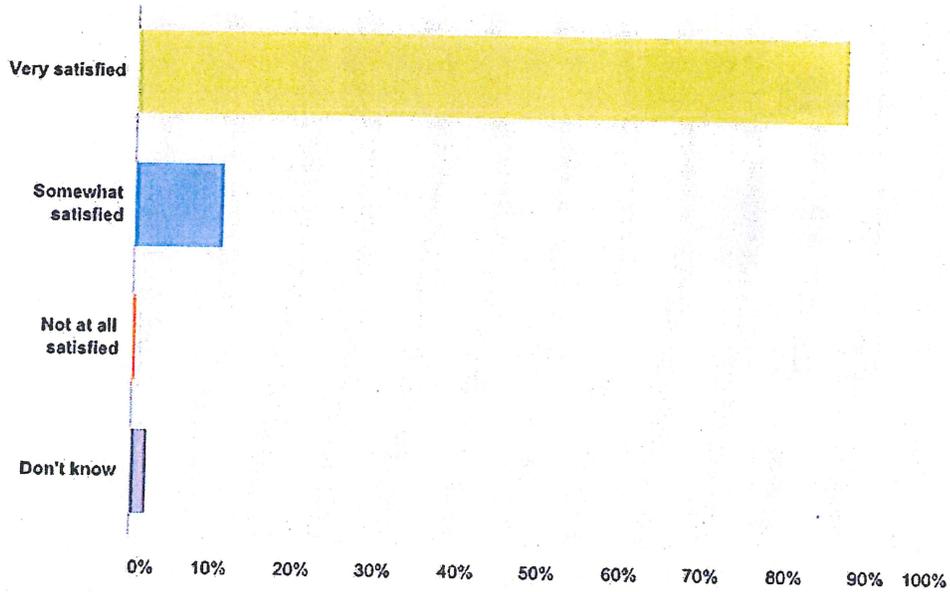
Answered: 224 Skipped: 24



Answer Choices	Responses	
Resolved completely	82.59%	185
Resolved somewhat	12.95%	29
Not resolved	1.34%	3
Don't know	3.13%	7
Total		224

Q8 Were you satisfied with the service that was provided by the Frederick County Department of Aging?

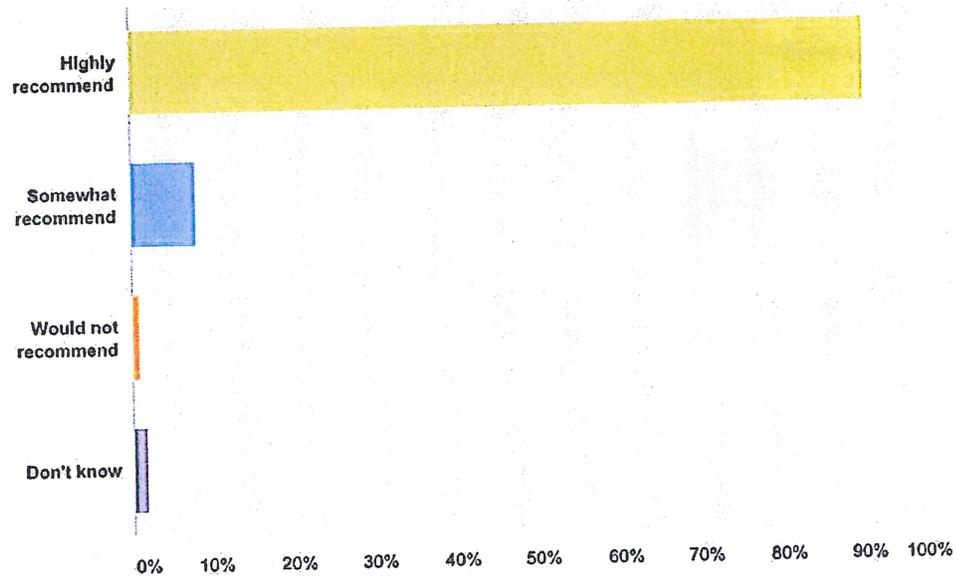
Answered: 241 Skipped: 7



Answer Choices	Responses	
Very satisfied	86.72%	209
Somewhat satisfied	10.79%	26
Not at all satisfied	0.41%	1
Don't know	2.07%	5
Total		241

Q9 Would you recommend the Frederick County Department of Aging to someone else?

Answered: 242 Skipped: 6



Answer Choices	Responses	
Highly recommend	89.67%	217
Somewhat recommend	7.85%	19
Would not recommend	0.83%	2
Don't know	1.65%	4
Total		242

Q10 Please offer any additional feedback that you may have in the space provided:

Answered: 93 Skipped: 155

#	Responses	Date
1	All the staff that I came in contact were very friendly and knowledgeable and ready to pass the information that I needed to solve my issue. Thank you very much for helping us-the community.	5/21/2016 8:23 PM
2	I thank God for the Frederick Senior Center and the Department of Aging! I frequently tell others about the services and classes offered there.	5/19/2016 8:08 AM
3	I am working with Dawn Morales and she is doing a fabulous job on providing me with the information that I need and guiding me in the right direction to hopefully obtain the services needed for my daughter.	5/9/2016 3:07 PM
4	Dawn Day Morales was very helpful and a pleasure to work with.	4/18/2016 12:08 PM
5	When I retired - I wanted to improve my health and fitness and to be able to try new experiences!!! I have lost 65 lbs and found FCC ILR classes; exercise classes, YMCA and Great Senior Watercolor Painting classes! Thank you sincerely for all the services that you provide to the senior population!	4/18/2016 9:00 AM
6	I am working with Dawn Morales as a support planner for my aging Mom. Dawn is providing service that is above and beyond, she is extremely responsive and I can depend on her for all the support that I need with my mom's Plan Of Service. It has been nothing but a pleasure to work with Dawn. She is the best and I am willing to give any recommendations needed !!! Thank you Marcelle Farinha	3/14/2016 4:08 PM
7	I am a living and caring individual who has time to provide volunteer services to those in need. I loved the elderly and those limited of access at providing safe nutrition to them selves. Also I enjoyed talking and making them feel someone cares. A hug and smile goes a long way.	2/22/2016 3:32 PM
8	I have delivered Meals on Wheels as a substitute since 1999 and found it to be gratifying. I've enjoyed working with the staff of the Department of Aging too, and consider some of them to be friends. Thank you for this opportunity! - peggy	2/22/2016 10:50 AM
9	Please offer day trips to DC museums again	2/4/2016 12:24 PM
10	Mary Collins showed me and my mother a huge amount of compassion and support while taking time to explain to us all of the caregiver support options related to my father's dementia. I'm thrilled that our County has such caring people.	2/3/2016 1:51 PM
11	Add more activities for people w/ dementia (Re: 'The Best Friends book of Alzheimer's Activities')	1/21/2016 9:52 AM
12	Thank you for all your support. The Frederick Dept of Aging has been very helpful in every area of my concerns for my mother.	1/15/2016 3:25 PM
13	I called numerous in 2013/2014 to offer to volunteer and was given a run around. (Perhaps because I sound very young over the phone) Anyway, when I called again in 2015, Jessica was very helpful in many ways. She is missed.	1/14/2016 11:12 AM
14	I am in awe of what this tiny building provides for our community!!!	12/9/2015 7:44 PM
15	I recommend the Frederick County DOA to many individuals. It is a great support to citizens of Frederick County. Mary Collins and Mindy as well as others are always helpful, respectful and try to assist families in many ways. Their attitudes and creativity is a blessing to many families.	12/4/2015 10:33 AM
16	Dawn Morales has been a blessing for us not only educating and assisting us in a timely basis but also being respectful and personable. Hope you know it already and consider it while providing remuneration for her and resources needed by her and for us because these and much more are well deserved!	11/22/2015 8:51 AM
17	To sign up for the Silver Messenger a person must use "Outlook" as their email. You need to make the link user friendly to people who choose to use other email as their primary source ... such as AOL. I was unable to sign up for the Silver Messenger.	11/13/2015 5:34 PM
18	We are very pleased with the services offered through this department. Everyone is helpful & truly care about the elderly. Mom loves the activities, food & interaction from staff & other participants. Thanks for providing this survey.	11/12/2015 9:13 AM
19	Mary Collins has been extremely helpful!	10/30/2015 2:47 PM
20	This is exactly what I was looking for it helped me out tremendously	10/21/2015 11:15 AM
21	Dawn Morales has provided outstanding assistance to our brain injured disabled son .	10/12/2015 10:41 AM

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22	Donny and Marie Shankle were very helpful and did a great job.	10/6/2015 10:56 AM
23	Staff was very informative and settled all of my questions with results. AN A+ for the Lady that handled my account and answered all my questions with results. Her Name was Marie.	9/10/2015 3:43 PM
24	The caregivers support group is aide line for me. The meetings are awesome and provide much needed place for caregivers to exchange thoughts and ideas. Edi is the perfect choice to facilitate and lead us through this journey. Wish we could meet more than once month.	9/3/2015 10:13 AM
25	so far they have been wonderful in getting information as to where to seek help	9/2/2015 2:54 PM
26	Very helpful and concerned. A wonderful team of people.	8/25/2015 8:53 AM
27	Dawn Morales is amazing and extremely knowledgible in her field.	8/20/2015 2:22 PM
28	Excellant people services and staff	8/19/2015 7:34 AM
29	I didn't know about dental help. Food distribution on 1st Friday could be better advertised.	8/10/2015 3:21 PM
30	I have enjoyed delivering for the Meals on Wheels program.	8/5/2015 3:48 PM
31	Everyone I have spoken to has been kind and helpful. They always give me plenty of their time to answer questions and provide suggestions for resources.	8/4/2015 1:10 PM
32	DoA allows me to volunteer delivering Meals on Wheels as a substitute driver, and still be able to travel. This helps satisfy my desire to help those in need.	8/1/2015 6:00 PM
33	All people at Senior Center are very helpful, especially Sue Ramsburg, Linda McGinnes, nurse Stevel	7/31/2015 12:04 PM
34	Meals on Wheels is very good.	7/31/2015 12:03 PM
35	Several times food was too processed and couldn't eat	7/30/2015 1:38 PM
36	Very Excellent!	7/30/2015 1:37 PM
37	Great meals. Good service.	7/27/2015 2:17 PM
38	used services of Dennis Ford, Steve Stoyke, and Meals on Wheels contact. All were very helpful and extremely pleasant. Great to have this service!	7/27/2015 2:15 PM
39	I would recommend any of health needs. But, Meals on Wheels needs to provide the food that is supposed to be in the bag. My dad does not get some of the things he's supposed to. TOO MANY CRACKERS.	7/27/2015 2:11 PM
40	can label contents what meal is on meals on wheels?	7/27/2015 2:09 PM
41	Nurse Steve Stoyke came out a few times. My name is Helen Lee	7/27/2015 2:08 PM
42	Meals on Wheels is a God-send! Thank you SO MUCH!	7/27/2015 2:04 PM
43	I am always amazed at how a facility that looks rather small and unassuming from the outside can be so alive on the inside. I have referred many friends to the DOA and all seem to have had success.	7/25/2015 4:38 PM
44	I talked with Melinda Lohman and inquired about information for my parents. She was a great help, gave me lots of information about dementia that I hadn't even gotten from the neurologist, and gave me a tour of the facility.	7/24/2015 6:07 PM
45	Thus far, every individual my mother and I have contacted and dealt with has made an effort to provide assistance. One gets the impression that not only do they care about what they do, they care and have compassion and understanding for the needs of the elderly needing assistance, as well as for the caregivers who oftentimes are stretched beyond imagination.	7/23/2015 8:52 PM
46	I thank meals on wheels for allowing me to do volunteer work at department of aging	7/23/2015 2:18 PM
47	Jessica P is an awesome person.	7/22/2015 8:11 PM
48	vital org to county seniors will be needed more in the future	7/22/2015 1:03 PM
49	Meals on wheels. Great and helpful program	7/22/2015 1:01 PM
50	The food is good, i like it alot. Thank you very much	7/21/2015 1:37 PM
51	Keep up the good work!	7/21/2015 1:35 PM
52	They having given me an update on the things that I need to do. Thanks	7/21/2015 1:27 PM
53	Dental help! God bless all that has helped me! What a blessing! Thank you	7/21/2015 1:24 PM
54	Thank you very much for the food!	7/21/2015 1:18 PM

Frederick County Department of Aging 2015 Client Survey

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55	I would highly recommend the Wheels on Meals program. I do not have significant experience with other aspects of the Department's work.	7/21/2015 10:49 AM
56	Thank you for this information.	7/20/2015 10:28 AM
57	I went in to volunteer as a substitute driver for meals on wheels. I was treated very courteously by all, especially Jessica P., and have enjoyed driving for MoW until the need for eye surgery put it on hold.	7/18/2015 8:56 AM
58	I work with Dawn Morales and she walked me through the process of applying for the Adult Waiver Program for my mother (now 95). Without Dawn's guidance I would not have been able to figure this out.	7/14/2015 4:54 PM
59	continually encourage my aging friends to contact your very competent and well informed staff. thank you .	7/14/2015 11:01 AM
60	As a new member of Urbana Seniors I found pleasant surroundings, friendly interactions with other seniors. Am looking forward to future trips, presentations and group meetings.	7/9/2015 1:31 PM
61	Please keep up the great job you are all doing.	7/9/2015 1:25 PM
62	senior center is a good way to interact with others and the Urbana staff is very nice and helpful There are many projects you can join in	7/7/2015 5:41 PM
63	The Sr Ctr in Urbana is terrific. I love it there and I love Susan and Herbert. Every Tues I spend the day at the Ctr working the crossword puzzle, exercising, having lunch and playing Maj Jong in the afternoon.	7/7/2015 4:07 PM
64	thank you	7/4/2015 6:50 AM
65	Dawn DeMorales has been very helpful to us.	7/3/2015 7:32 AM
66	My support planner Dawn Morales is extremely efficient and responsive. This has made the job of caring for my mom much easier.	7/3/2015 7:26 AM
67	Dawn Morales is amazing to work with. She is professional, thorough and extremely knowledgeable. Her diligence and proactive approach has been so appreciated in transition my grandmother from a nursing home to home.	7/2/2015 10:36 PM
68	The staff is always helpful and informative. I rely on them often for support with my residents.	7/2/2015 4:52 PM
69	Dawn Morales from your agency has been and is being very helpful in meeting the needs of our disabled son . Parents : Robert and Joanne Tansey	7/2/2015 4:28 PM
70	Person returned phone call within a decent amount of time .	7/2/2015 3:47 PM
71	Dawn has always been extremely helpful in getting and giving me information.	7/2/2015 3:40 PM
72	I have volunteered for 13 years delivering meals in the Meals On Wheels and I have gained much satisfaction in the program.	7/1/2015 6:35 PM
73	great job, my greatest job ever.	7/1/2015 11:23 AM
74	I am a 5 plus year Meals on Wheels volunteer.	6/30/2015 8:17 PM
75	Ely Jenkins is a great asset to your agency.	6/30/2015 2:40 PM
76	Meals that come from the work release center could be better. I am a driver and they are given to me cold. The coolers are falling apart and the hot food bags are dirty and look like they have never been cleaned. A more reliable food source is needed to better serve the seniors if Frederick County. Jessica is a wonderful and professional coordinator. She is an asset to this organization.	6/30/2015 12:32 PM
77	Thank you all for the opportunity to serve.	6/30/2015 12:21 PM
78	Lots of good intentions do not do more than talk. Very little assistance available.	6/26/2015 7:19 PM
79	Good Experience	12/11/2014 12:48 PM
80	8. Were you satisfied with the service that was provided by the Frederick County Department of Aging? I always do Strength Training is very good Heart Rehab.	12/11/2014 12:33 PM
81	The classes I have taken and the instructor (Candace) have been exceptional. Everyone at this center have been very helpful and welcoming. A great place. Thanks so much.	12/11/2014 12:26 PM
82	need help with my income tax	12/11/2014 12:22 PM
83	Need an auto-microphone. Can't hear in the cafeteria.	12/11/2014 11:58 AM
84	Please improve the food quality	12/11/2014 11:49 AM
85	Merry Christmas!	12/11/2014 10:40 AM

Frederick County Department of Aging 2015 Client Survey

SurveyMonkey

86	May your Christmas be merry and bright!	12/11/2014 10:37 AM
87	very accomodating	12/10/2014 12:54 PM
88	I think this is a wonderful place and lots of assistance here with everything. Love it here and the excercise programs. Etc....	12/4/2014 11:56 AM
89	Glad the Department of aging is here for us seniors.	12/3/2014 12:26 PM
90	Love the classes I have taken, the jigsaw puzzles and the helpful staff.	12/3/2014 12:21 PM
91	The staff is great, the voulunteers are great. I appreciate the continuity of the services and courteousy of all persons here. They all make me feel great and any and all situations are resolved.	12/3/2014 11:01 AM
92	Doesn't seem that alot of seniors I speak with know of the senior center and the Department of aging services. All seniors I speak with.	12/3/2014 10:36 AM
93	The Frederick County Department of Aging has the most fantastically talented staff. they could be on broadway!	10/23/2014 12:00 PM