

The Aging in Worcester Initiative

2007 Planning: The Past, Present & Future

**Prepared by: Maryland Access Point of Worcester County
Worcester County Department of Social Services
Worcester County Commission On Aging
Worcester County Health Department**

January 2008

The Aging In Worcester Initiative

History

Many baby boomers and seniors have discovered that Worcester County is an area of great opportunity and pleasant living. They are taking advantage of their “golden years” by re-locating to this area in a quest to continue leading rich, fruitful lives. Other seniors have called Worcester County their home for decades – for many, it has been home for the entirety of their 60 + years. With the increase in the aging population, there is a renewed need to plan for the future of the Aging Initiative.

The original Aging In Worcester Interactive Workshop held in 2000 resulted in the identification of five priority areas. These were:

- ❖ Need for a Single Point of Entry for the Aged
- ❖ Volunteerism
- ❖ Security of Existing Providers & Expansion of Services
- ❖ Public Education
- ❖ And Transportation.

As a result of this workshop, a collaborative effort (“Aging In Worcester Initiative”) was initiated through the Worcester County Health Department (HD), Department of Social Services (DSS) and Commission On Aging (COA). Over the past 7 years, much has been accomplished through the Initiative and in the region to address these priority areas.

Priority Area	Progress
Single Point of Entry	Collaboration started (2001): Worcester Co. Health Dept., Commission On Aging & Dept. of Social Services Consolidation of Intake Forms worked on (2002) Worcester ACCESS created (2003): Centralized Intake started; Co-location of adult services staff from DSS, HD & COA; Adoption of Universal Intake Form Became part of the Aging & Disability Resource Center project (2003); launched as pilot site & re-named Maryland Access Point (2005) Program continues with potential expansion in future
Volunteerism	Current Volunteer Services Manager hired (2002) – develops & coordinates volunteer resources for government agencies HRSA grant received to locate & mobilize community volunteers (2005) – in process
Security of Providers w/Expansion of Programs	Private agencies providing in home services has increased from 2 (2001) to 15 (2007) serving Worcester County Further work to be done to identify & secure additional providers & services
Education of the Public	Newsletters published for seniors & providers (2002, summer 2006) – collaborative effort led by Commission On Aging (2007). To be published on a regular basis in future

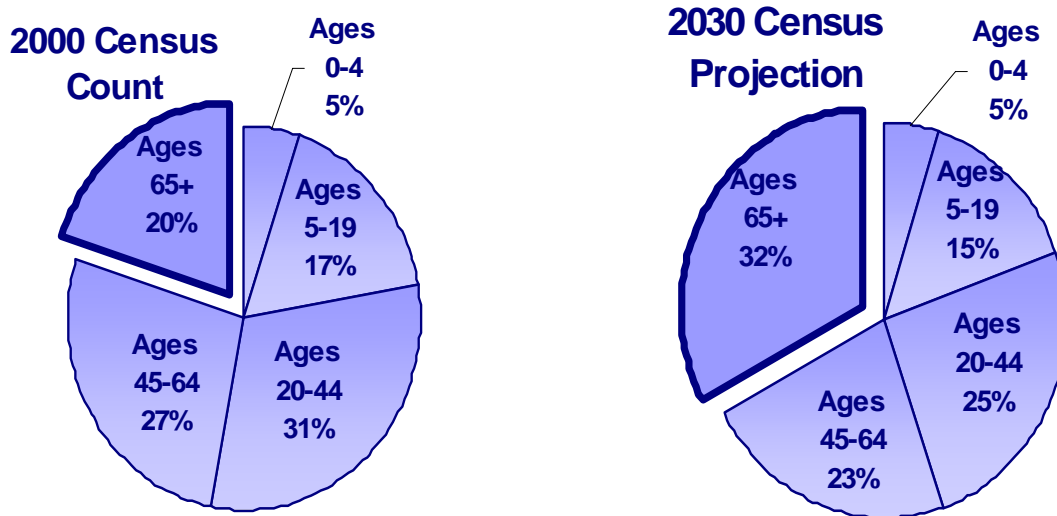
	<p>Community periodicals for seniors published locally through newspapers, etc.</p> <p>Annual Aging In Worcester conference held to educate providers & professionals (2001-present); sponsored by WCHD, DSS, COA & other local agencies 8 held; 2007 attendance – 175 participants</p>
Transportation	<p>Shore Transit began leading a regional public transportation system (2004)</p> <p>SSTAP program (senior transportation program) transferred to Shore Transit from COA (2005)</p> <p>COA received a grant to start volunteer transportation services (2007)</p> <p>Gap remains for individuals with health issues & special needs – changes not seen as positive by many seniors</p>

Population Profile – Census & Projections

Over the past few years, a wealth of data has been produced. Some of this information is from within the Health Department, Social Services and Commission on Aging agencies whereas the rest was collected county-wide and across the region.

2008 WCHD Health Plan

From 1990-2000, Worcester County's over 64 population grew 55.2%, making it the fastest aging county in the state of Maryland. This growth is due to in-migration from metropolitan areas, mostly into retirement communities. In 2005, the US Census estimated that 22% of Worcester's population was over the age of 64. In the next 20 years, the senior citizen population may grow to 30% of the entire county's population.



Worcester County Projected Population by Age Group
(MD Department of Planning, Planning Data Services, October 2002)

Health Assessment

The Worcester County Health Department has gathered a variety of information regarding community health over the past few years. As reported in the 2007 Health Plan, responses to one question on the Professional Research Consultant's (PRC) 2004 Community Health Assessment indicate self-reported health of aging adults. Twenty-eight percent of PRC survey respondents over 55 reported fair to poor physical health.

Medical Conditions

During the 2004 PRC survey, participants were asked about the medical conditions with which they had been diagnosed. This data reflects the responses of 101 Worcester County residents aged 60 and over. Approximately fifty-five percent reported that they had arthritis/rheumatism. Circulatory and heart related disorders accounted for three of the top five

most common conditions. These include high cholesterol (53.9%), hypertension (52%) and chronic heart disease (24.5%). Sixteen percent had been diagnosed with some kind of cancer (not skin) and 14% with skin cancer. These rates reflect the prevalence of individuals in the community with these disorders.

Diagnosed With:	Yes	No
Arthritis/Rheumatism	54.8%	45.2%
High Cholesterol	53.9%	46.1%
High Blood Pressure/Hypertension	52.0%	48.0%
Sciatica/Chronic Back Pain	30.5%	69.5%
Chronic Heart Disease	24.5%	75.5%
Deafness/Trouble Hearing	21.7%	78.3%
Blindness/Trouble Seeing	16.9%	83.1%
Cancer (Not Skin Cancer)	16.1%	83.9%
Skin Cancer	14.0%	86.0%
Asthma	8.8%	91.2%
Chronic Lung Disease	8.7%	91.3%
Ulcer/GI Bleeding	5.2%	94.8%
Stroke	5.1%	94.9%
Kidney Disease	3.2%	96.8%

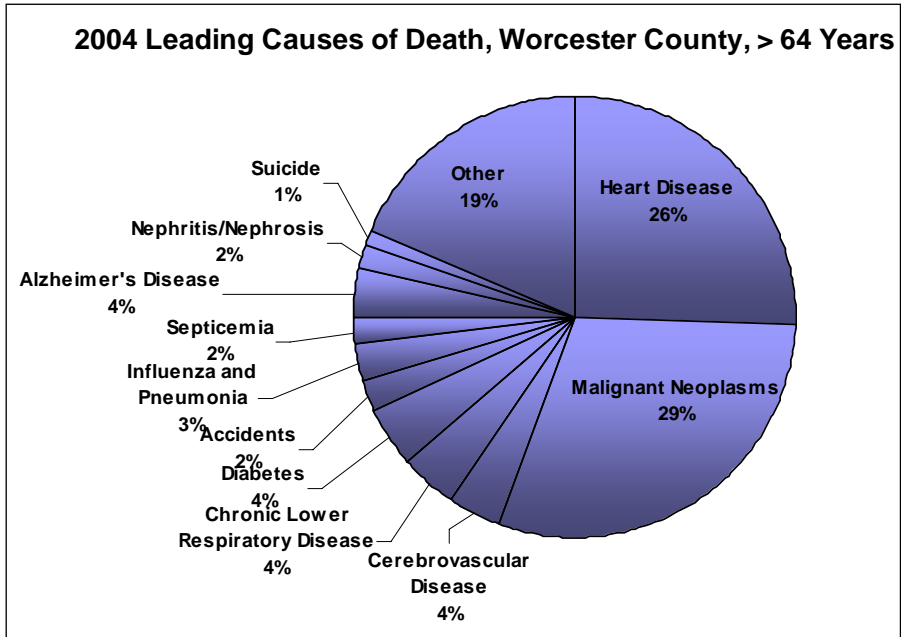
(PRC Community Health Survey, Worcester County, 2004)

In contrast, several questions were asked which reflected the perceptions of respondents about the most challenging problems faced by seniors today. Interestingly, survey participants identified cancer as the top disease condition (35.6%) and issue (20%) affecting the elderly. Less frequently, heart disease was identified (disease 14.5%, issue 17.5%). The perception that cancer is a more serious issue than heart disease leads to concern about lack of education and denial regarding heart related illnesses. With the prevalence rates so high, more community education needs to be done to raise awareness and encourage preventative behaviors. Not surprisingly, heart disease is one of the leading causes of death for the elderly in Worcester County.

Top Issues Affecting the Elderly	Percent (Aged 60+, n=80)	Top Conditions Affecting the Community	Percent (Aged 60+, n=90)
Cancer	20.0%	Cancer	35.6%
Don't Know	18.8%	Don't Know	30.1%
Heart Disease	17.5%	Heart Disease	14.5%
Arthritis	11.2%	Diabetes	5.5%
Alzheimer's Disease	8.7%	Aging	4.4%
Cost of Medicine	7.5%	Arthritis	3.3%
Diabetes	6.3%	Obesity	3.3%
Cost of Health Insurance	5.0%	Hypertension	3.3%
Cost of Health Care	5.0%		

(PRC Community Health Survey, Worcester County, 2004)

Amongst individuals 65 and older, two causes of death in the latest vital statistics data (2004) stand out as areas of concern: heart disease (26%) and cancer (29%, malignant neoplasms). In 2004, the other causes that were identified occurring 4% of the time each were: stroke, diabetes, chronic lower respiratory disease, and Alzheimer's Disease.



(MD Vital Statistics, prepared by QIS, 2007)

Moving away from disease related topics, respondents to the PRC survey were asked to identify barriers to good health in Worcester County. Although fifty-four percent stated they were unsure, seventeen percent stated that it was “hard to get a doctor”. This may include specialists, dentists, etc. Approximately seven percent identified each of the following issues: lack of health insurance, cost of health care, and cost of prescriptions.

Top Barriers To Good Health in the Community	% (Ages 60+, n=70)
Don't Know	54.2%
Hard to Get a Doctor	14.3%
Lack of Health Insurance	7.2%
Cost	7.2%
Cost of Prescriptions	7.2%
Awareness	5.7%
Nothing	4.2%

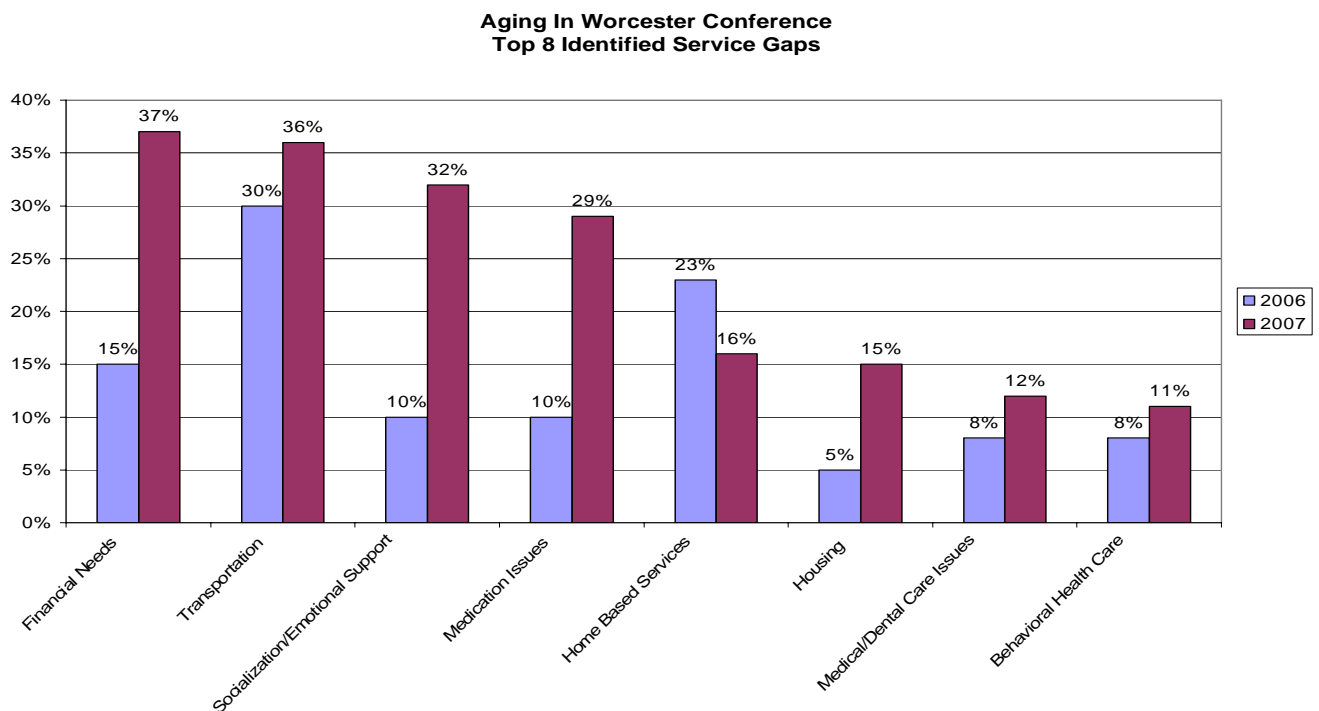
(PRC Community Health Survey, Worcester County, 2004)

Needs Assessments

Aging In Worcester Conference Evaluation

As part of the 2006 and 2007 Aging In Worcester Conference Evaluations, community providers, nurses and social workers were asked to list service gaps and needs that their elderly clients face. Although there were a variety of needs identified, the major categories were identified as: financial needs, transportation, socialization/emotional support, medication issues, home based service needs, housing, medical/dental care issues and behavioral health care needs.

Transportation, ranked first in 2007 and second in 2006, continues to be an area of concern even with the regionalized public transportation system. Additional resources are needed to serve individuals with medical problems who can not be served adequately through public transportation. Financial needs, which includes purchase of services, help with bills and buying needed supplies, was the most commonly identified area of need in 2007. Participants noted that seniors are looking for ways to spend their free time, whether they are bored, home bound or just unaware of recreational, volunteer and other activities available to them in the community (socialization/emotional support). Medications continue to be an area of concern for the elderly. The cost, confusion over insurance and the need for education about medications were the most common concerns. Although it was relatively low on the list in 2007, the need for increased availability of affordable home based services was the second highest need identified in 2006. Many providers recognize that additional resources continue to be needed in the area of personal care, chore services, home improvement and other services which allow individuals to stay in the community.



Source: AIW Conference Evaluation, table produced by MAP, 2007

Georgia Health Policy Institute Site Visit Report: Priorities 4/19/06

In the spring of 2006, a strategic planning session was held which was attended by partner agency administration and MAP staff. The facilitator from Georgia Health Policy Institute led the group in identifying priorities for upcoming years. These priorities are very applicable to the aging project planning. General areas of focus revolved around the following topics:

- ❖ MAP Team Stability
- ❖ Staffing Needs, Sustainability & Continued Collaboration
- ❖ Project Evaluation
- ❖ Community Awareness & Education
- ❖ Expansion of Community Services

Work must continue to strengthen the MAP team as time progresses. Additional staff will be needed as the program grows and the population increases. Current staff positions requiring sustained funding include: the Behavioral Health Specialist, MAP Secretary, and Aging Project Coordinator. The partner agencies will need to continue to communicate regularly and collaborate on funding opportunities. Outcome measures are needed for evaluation purposes. Each agency can benefit from measures of the programs successes and challenges.

On a broader scale, marketing is recommended to reach seniors and their caregivers who are unaware of services available in the community. Although there is a need to increase and expand home based and community services, many residents are unaware of the resources already in existence, including volunteer opportunities and socialization avenues.

Asset Based Community Development (ABCD) Training Strategic Planning Workgroups 3/14/06

In March of 2006 Asset Based Community Development (ABCD) Training was held to learn about this concept and determine how to utilize this model for selected purposes. During this training, a strategic planning session was held to look at two areas of concern selected by attendees: Home Based Services and Community-Based Behavioral Health Services.

The Home Based Services work group identified as a priority the need to locate community resources already in place to provide the following home-based services to the elderly in Worcester:

- ❖ Personal Care
- ❖ Chore Services (housekeeping, cooking, etc)
- ❖ Shopping
- ❖ Home Improvement (retrofitting, maintenance, home repairs)
- ❖ Transportation

Many strategies were identified during the brainstorming session. These included:

- Work with local & regional employment programs to identify potential providers; locate scholarships/grants for training of providers; educate community on job opportunities
- Identify & utilize associations & churches for needed services – especially if already provide the service; provide a list of skills & resources needed
- Educate the public & organizations about MAP, services available & ways the community can become involved, including donations to G.O.L.D. MAP Fund
- Solicit donations of supplies from local and regional businesses for ramps, repairs, etc. & identify storage for supplies. Work with local builders, including creation of incentives.

The Community-Based Behavioral Health Services workgroup focused on strategies to identify and mobilize mental health and addictions services in Worcester County. Their recommended plan of action included the following:

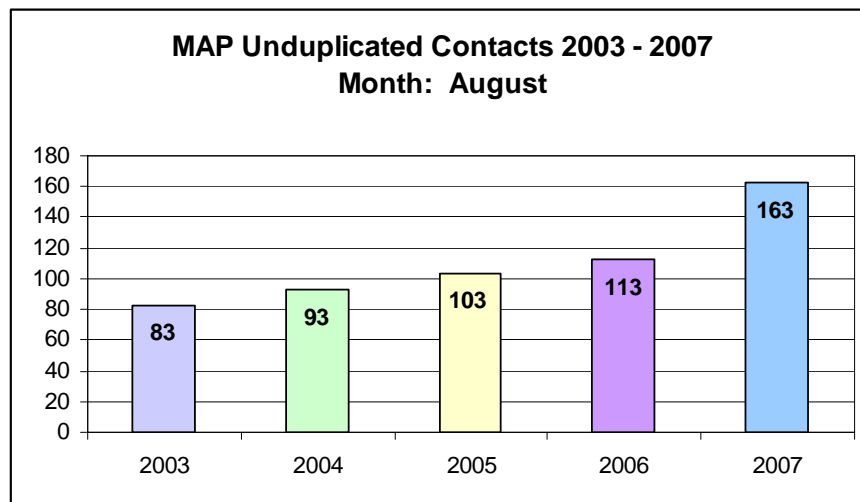
- Research successful models/assessment tools; Identify and implement appropriate geriatric screening tools
- Educate primary care providers on identification of behavioral health issues using appropriate geriatric assessment tools
- Utilize or modify effective screening protocols and intervention methodologies which can be integrated to aging program such as senior centers and nutrition programs
- Develop and implement Mobile Treatment Services; address barriers
- Educate the public regarding behavioral health issues, signs & symptoms and services available
- Engage and involve the community; encourage clients to advocate for the services needed.

Through this brainstorming, the two groups identified strategies to increase services in Worcester County. Both identified education, marketing and creation of new services in their respective areas of focus. All participants agreed that improvement in the availability of home-based services as well as behavioral health services requires the involvement of multiple individuals from a variety of agencies and community organizations.

Program Overview

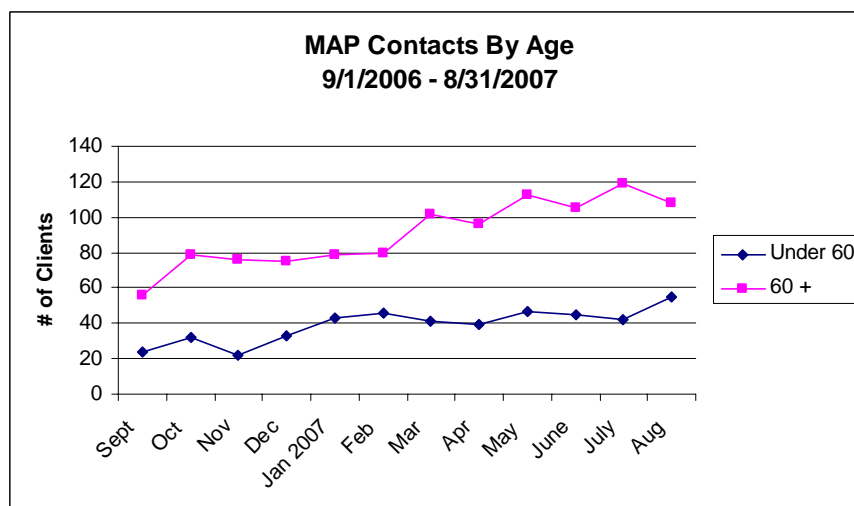
Maryland Access Point of Worcester County

The single point of entry program created in 2003, now Maryland Access Point of Worcester County, continues to serve seniors and individuals with disabilities. When comparing the month of August for the past four years, the number of persons seeking information, referral or assistance has increased from 83 in August 2003 to 163 in August 2007. This is a 96.4% increase in utilization of this program since 2003. With the growing workload, future plans should include securing funds for the hiring of an additional intake worker.



Source: MAP Access Database, table produced by MAP, 2007

Out of the 1557 customers served through Maryland Access Point of Worcester between September 1, 2006 and August 31, 2007, seventy percent (1088) were 60 and older. Approximately thirty percent (469) of the contacts were with individuals under 60 years of age, many of whom were individuals with disabilities.



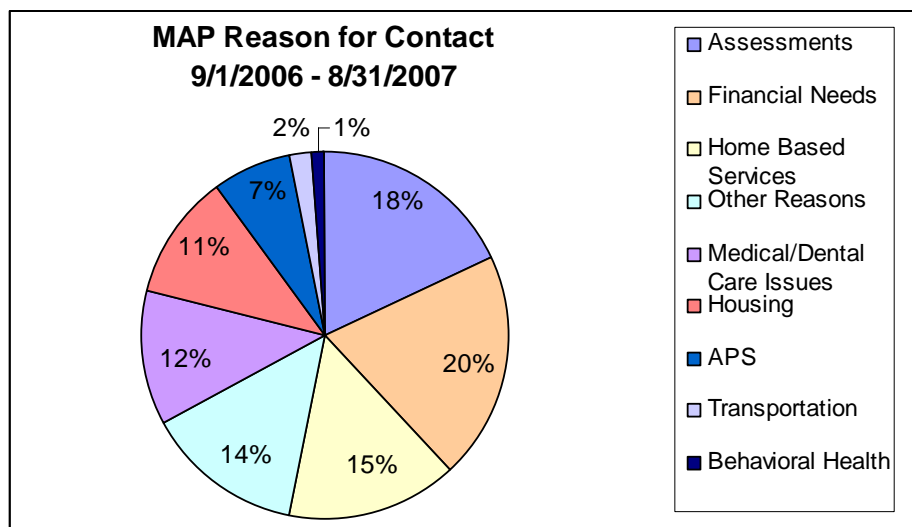
Source: MAP Access Database, table produced by MAP, 2007

There are a variety of reasons that MAP is contacted. In categorizing these reasons for the time period of 9/1/06 to 8/31/07, it was found that 20% of individuals were looking for financial assistance which includes: assistance buying accessibility items; help with rent, utilities, & food; and aid through Social Services benefits. An additional 15% of requests were for information or referral to home based services (ex: chores, personal care, day programs, respite, etc.). The next most pressing issues (12%) were medical in nature: medical care, medication assistance, insurance and dental care. Housing issues were of concern to 11% as well. The housing category includes: homeless services, info on housing options (community based as well as nursing facilities) and repair needs.

Although there are many reasons that individuals contact Maryland Access Point (MAP) in Worcester County, the concerns echo those seen through other sources. Contacts are looking for:

- Financial Resources
- Home Based Services
- Info & Assistance on Medical & Dental Care Issues
- Housing Resources.

All of these areas illustrate the goal of community members to remain in the community and maintain their independence as they age.



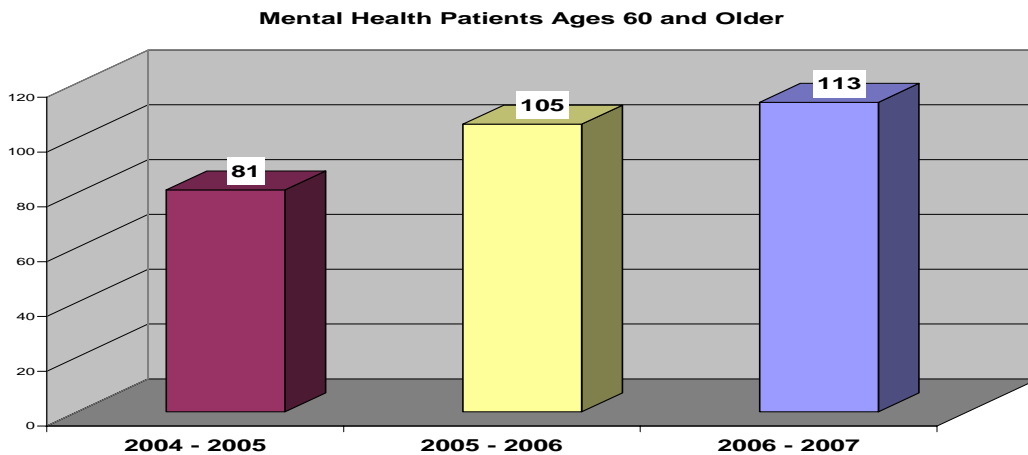
Source: MAP Access Database, table produced by MAP, 2007

Behavioral Health

Through recent efforts, the number of individuals aged 60 and over utilizing the Worcester County Health Department’s Mental Health and Addiction Services has increased since 2005. Although this increase is not drastic, it does show encouraging signs of improvement.

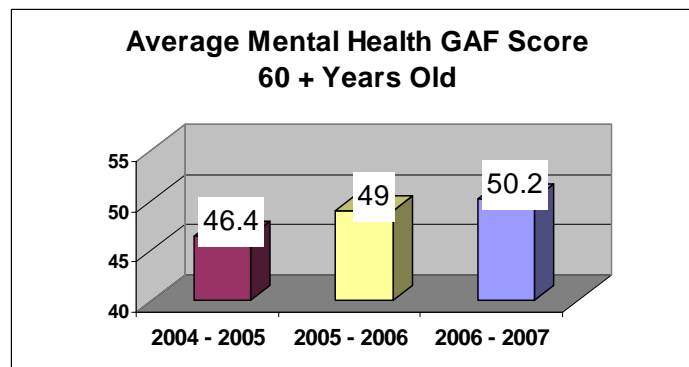
Worcester County Health Department's Mental Health Program

From 2004-2005, eighty-one seniors were served through the Mental Health Program. This number increased to 113 in 2006-2007. This was a 39.5% increase in seniors receiving mental health services through this program from '04-'05 to '06-'07. In comparison to the total number of patients seen in the mental health program, 5% were seniors in 2004-2005 with an increase to 7.5% in 2006-2007. The increase in senior mental health service utilization over the past two years re-affirms the need to maintain the Behavioral Health Specialist in MAP and expand services. The low Medicare reimbursement rate for mental health services continues to be a concern for sustainability purposes. There is difficulty in maintaining and expanding services to this population considering the poor reimbursement rate. With the growing senior population and consequent increase in mental health service need, additional funding to provide mental health services to seniors will be needed.



Source: Anasazi, table produced by QIS, 2007

The Global Assessment of Functioning (GAF) Scale from the DSM-IV TR is used to assess psychological, social, and occupational functioning in a continuum of mental illness. The scale ranges from 1 ("persistent danger of severely hurting self or others") to 100 ("superior functioning in a wide range of activities"). A 50 score indicates "serious symptoms or any serious impairment in social, occupational, or school functioning". Over the past two years, GAF scores of patients aged 60 plus have gone up slightly but not significantly. This shows that the elderly patients who had recorded GAF scores reflect a trend of mental health issues which seriously impact their lives.



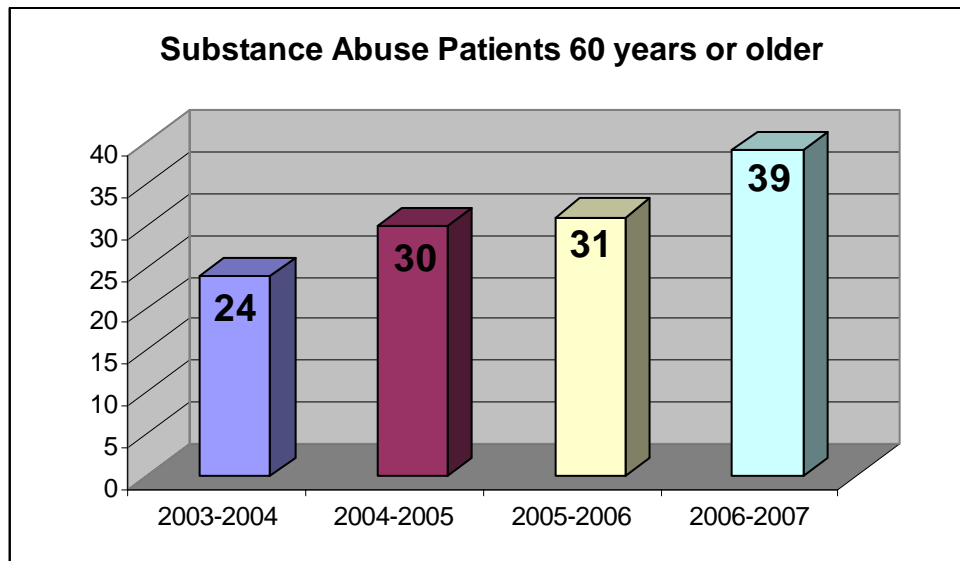
Source: Anasazi, table produced by QIS, 2007

Worcester County Health Department Addictions Program

In the Addictions Program, there were twenty-four seniors (aged 60+) served from mid 2003-2004. Over the course of 2006-2007, thirty-nine customers aged 60+ have been served through the Health Department's substance abuse program. From 2004 to 2007, there has been a 62.5% increase in clients 60 years and older in the addictions program. In comparison, there was only a 7% increase in clients under the age of 60 who received addiction services during this time period. Although this is a significant increase, barriers to service remain. Substance abuse in seniors is a challenging issue to tackle due to many factors including substance use becoming a long-term coping mechanism for older adults. In addition, combining substance use with prescription medications for other medical issues, such as painkillers, may become a more common problem in our community. Efforts to provide education for clinicians regarding the special needs of seniors with substance abuse problems needs to continue, as does the need for more specialized services for this population.

Year of Service	Clients Aged 60 and Above	Clients Under 60 y. o.	All Clients	% SA Clients Aged 60 +
2003 – 2004	24	1719	1743	1.3%
2004 - 2005	30	1670	1700	1.7%
2005 – 2006	31	1828	1859	1.6%
2006 - 2007	39	1839	1878	2.1%

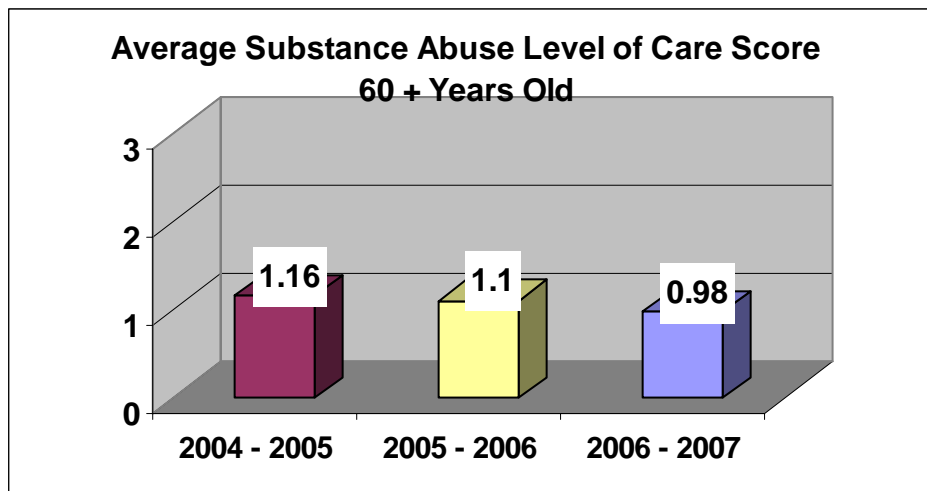
Source: Anasazi, table produced by QIS, 2007



Source: Anasazi, table produced by QIS, 2007

The Level of Care score is used to identify the level of treatment indicated for persons diagnosed with a substance abuse disorder. Level of Care scores range from 0.5 (early intervention) to IV (medically-managed intensive inpatient treatment). Level I indicates the need for outpatient treatment. Although the averages are very close, there is a very slight

improvement in LOC Scores for the 60 plus customers in the Addictions program, indicating that individuals are entering treatment at the outpatient level.



(Source: Anasazi, table produced by QIS, 2007)

Worcester County Health Department's Prevention Services

In the programs run by the Health Department's Prevention Office, approximately 440 seniors (60+) are served in a year's time. These services include: cardio-vascular programs, diabetes education, etc.

Worcester County Department of Social Services

An adult services caseload study is being done by BEACON at Salisbury University. Results of this study will be used by the Department of Human Resources to assess appropriateness of caseloads across the state. (Results to be added when study is completed.)

Worcester County Commission On Aging

Through the Commission On Aging programs, many seniors throughout Worcester County are provided much needed services. Over the period of October 1, 2006 to July 31, 2007, 753 unduplicated clients were served. All of these individuals were 60 years of age and older. The programs that these seniors participated in included Senior Center activities and Meals On Wheels. During this time period, the Senior Information and Assistance program served an additional 577 customers. The Senior Care program currently has 65 clients with 31 persons waiting for services. Although Worcester Adult Medical Day Services is licensed for 60 clients, presently there are 32 persons enrolled in the program. All Worcester County Commission On Aging Services are provided throughout the county from the Virginia state line to the Delaware state line.

Identified Local Needs

To summarize the data in previous sections, there are eight diverse focus areas. For each of these issues, there is a need to sustain and improve upon them over the next few years.

The identified areas within the Maryland Access Point (MAP) project are:

- ❖ staffing needs
- ❖ the need for MAP outcome measures.

Community needs include:

- ❖ expansion of in home services
- ❖ financial support for goods and services
- ❖ availability of appropriate medical services
- ❖ socialization, including volunteerism
- ❖ transportation and
- ❖ housing alternatives/homeless prevention.

Staffing Needs

Within Maryland Access Point of Worcester County, there are three staff members who are currently grant funded and will need additional funding for sustainability of their positions. These staff are: the Aging Project Coordinator (HD, HRSA grant funded), MAP secretary (HD, HRSA grant funded) and the Behavioral Health Specialist (HD, partially HRSA grant funded). Each of these positions plays an important role in the aging project. In terms of expansion, the program will soon need to hire an additional Intake Worker due to the 96.4% increase in contacts between 2003 and 2007. Out of 1,621 contacts from 9/06 to 8/07, 44.3% were handled solely by Intake and Information & Assistance staff members. With another staff member, expansion of services (such as routine follow-up) could be implemented. Additional DSS and COA case workers will also be needed as the aging population increases. As more individuals contact MAP and more information is provided, the number of referrals to programs within MAP will grow. There is also an anticipated increase of individuals with disabilities, especially adult disabled children moving to this county with their parents, who will need to be linked with resources as well. Growth in staff numbers will be essential to best serve consumers through this program. Human resource development should be a focus of the coordinator and collaboration as a whole.

MAP Outcome Measures

For evaluation purposes and for use in planning, it will be important to develop measurable outcomes for the Maryland Access Point project. These outcome measures will be an asset to the program as well as each agency in the collaboration. A variety of qualitative as well as quantitative measures may be necessary due to the complexity of the project. Areas to be considered include: client satisfaction, evaluation of intake processes, results of interagency interaction on cases, rate of adult protective services involvement within open cases, etc. Participation of partner agencies will be imperative in the development of these measures.

Currently the project has three Outcome Measures for the Health Resource Services Administration's (HRSA) Rural Health Outreach Grant. The first is that the Collaboration is deemed successful as determined by a collaboration assessment. Secondly, quality of life indicators are improved for seniors in Worcester County as a result of increased accessibility of services. Lastly, utilization of MAP services should ultimately lead to positive impacts on the project's mission. These outcome measures were specifically written for to the Rural Health Outreach grant and focus on certain aspects of the MAP project. Further work is needed to develop additional outcome measures for Maryland Access Point of Worcester County.

Expansion of In Home Services

As is the case nationally, in home services are needed to maintain seniors in the community and prevent unnecessary nursing facility placement. Public funding is limited for chore, personal care, adult medical day care and other community-based services. Many times, it is these services which allow individuals to remain in their own homes safely and independently. Although some seniors are financially prepared and can afford to pay for these much needed services, others are not able to do so, especially on an on-going basis. Utilizing volunteers to assist seniors with these tasks may be an option, however, getting dedicated, committed volunteers may be a challenge. As new concerns emerge with this population, resources will be needed to address them. As seniors age in place, their homes need upkeep/repairs and modifications might be needed to optimize safety. These services are costly out-of-pocket expenses. Future goals should include expansion of public services, increasing providers in the county and developing resources to address home repairs/modifications.

Financial Support for Goods & Services

Financial assistance is needed to assist seniors in purchasing supplies and community services. For individuals on fixed incomes, day to day expenses can become overwhelming, particularly for individuals with special needs. Items that are frequently difficult for the elderly to afford include: incontinence supplies, nutritional supplements, other personal care supplies, medical equipment, medications, medical/psychiatric evaluations, adult medical day care fees and other services. The Senior Care program through the Commission On Aging assists clients with a variety of needs but this program is limited in funding and has a waiting list. Local churches and community organizations are available to aid with these costs in some emergent situations. To help within the Maryland Access Point (MAP) project, Worcester G.O.L.D. (local non-profit) and MAP have created an Adult Basic Needs Pantry and the Worcester G.O.L.D. MAP Fund. The fund and pantry have their own limitations as assistance is generally one time a year, limited to approximately \$100 and funding for sustainability is not guaranteed.

We wish to briefly introduce an aspect that is often minimized when considering efforts to affect the quality, cost, and quantity of services for seniors. That is the business of creating, supporting, and nurturing a full range of organizations that provide services to the elderly. Here we will address the cost of doing business in a rural community.

There are many issues of the market place continuum being addressed in this report. The following are just a few that we feel directly affect the bottom line of a rural organization.

- The lack of resources to improve all forms of communication
- The lack of resources to purchase the affordable skills to get the job done
- The lack of resources for research and development of new systems

With the above disadvantages for rural organizations, there is also a need to understand the negative impact on the economy and quality of life for the entire population in our county. These influences are multiplied when you deal with this growing population which is often at risk.

To complicate the above issues, many local organizations are facing fiscal hard times due to budget cuts, enrollment challenges and increasing expenses. For example, adult medical day care programs in the county are able to maintain themselves with a variety of payment sources. This “payer mix” includes private pay, Veteran’s Administration funding, Medical Assistance and grant slots. It is a challenge to find private pay and Medical Assistance clients but there is generally a waiting list for the limited grant slots.

The cost of doing business is also a hardship for small human service organizations. The following business functions are examples of inefficiencies that small business in our area often has;

- Cash flow
- Locating qualified employees
- Competition from private businesses
- Physical facilities' cost—rent, mortgage, maintenance
- Pricing own goods and services
- Using technology effectively

With the anticipated growth in the senior population, even more resources will be necessary to assist seniors and their caregivers with gap-filling financial support. Future goals should include the pursuit of additional financial resources to assist small human service organizations in combating the above inefficiencies and lack of knowledge.

Availability of Appropriate Medical Services

Availability of specialized medical services is limited on the Eastern Shore and, even more so, in Worcester County. Although the number of medical practitioners has grown over the years, there continues to be a dearth of specialists in the area of geriatrics and other specialties commonly needed by seniors. With the growing senior population, the need for geriatricians will increase. Specialists such as cardiologists, orthopedists, endocrinologists,

etc will be in demand as the county ages as well. Affordable dental services, including resources to help pay for oral surgery, will be needed also. Future goals should include recruitment of geriatricians and other specialists as well as educating the public about the availability of specialty services.

Socialization, including Volunteerism

Lack of knowledge of available leisure activities is a growing concern for providers who work with seniors. Boredom with the day to day routine and lack of known options is detrimental to the mental health of individuals as they age. Activities outside of the home provide the elderly something to look forward to and can help to improve mood. Currently, there are programs through the Senior Centers, Department of Parks & Recreation and neighborhood groups. For individuals who may need a more structured day program and monitoring by a nurse, there are two adult medical day care programs in the county. Educating providers as well as the public about available activities in the community is important. As word gets out, there may be a need for additional opportunities and a larger variety.

Also, volunteerism is a rewarding activity that may be suitable for many seniors. Through volunteer work, seniors can give back to the community and spend their time doing worthwhile activities. The Worcester County Volunteer Services Coordinator has developed a listing of agencies that utilize volunteers. There are a wide variety of volunteer opportunities available in the region. Future goals should include development of additional activities and education regarding the availability of programs as well as volunteer opportunities.

Expansion of Transportation Services

Transportation continues to be a challenge for seniors in Worcester County. Although a regional public transit system has been in place since mid-2004, there continues to be unmet needs in this area. Many seniors and younger individuals find the use of public transportation difficult due to a variety of medical conditions. With frequent stops and long distances of travel, public transportation is not suitable for all residents of Worcester County. The SSTAP program through COA provided a more reliable and manageable transportation option for seniors prior to its transfer to Shore Transit. The SSTAP service provided today is less consumer-friendly than the previous program and transportation gaps have emerged. Alternatives are needed to serve these individuals as they work to lead independent lives. Interfaith Caregivers assists in the Ocean Pines area with one-on-one transportation. The Worcester County Health Department provides transportation for the Medical Assistance population to medical appointments through a grant from Maryland Department of Health and Mental Hygiene. This resource is only available to residents who are enrolled in Medical Assistance and therefore serves a portion of the elderly population. It is not a resource for other transportation needs in our rural community. The Worcester County Commission on Aging is developing additional transportation resources that will help to fill the need for personal transportation. Future goals should include development of additional transportation resources and education of the public about their transportation options.

Housing Alternatives & Homeless Prevention

Remaining at home and aging in place is the goal of most individuals as they age. At times this is a challenge due to increased needs, illness, loss of a partner and/or financial difficulties. Having options to remain in the community is essential to prevent inappropriate nursing facility placements and to maintain optimum quality of life. Although Worcester County has a few Assisted Living homes, there is a need for more. A major barrier is the unmanageable cost of assisted living for many seniors. There is limited financial assistance available through a subsidy administered by MAC, Inc. and through the Older Adults Waiver but this does not meet the current need. As of October 1, 2007, there are over 9,900 persons on the Older Adults Waiver Registry with an average waiting time of 2-3 years. The MAC subsidy waiting list contains 25 individuals – funds have been frozen for the past year with no new clients added to the program. Additional Older Adult Waiver slots and other financial assistance is needed to assist with the cost of housing alternatives. Currently there is one Project Home provider in Worcester through the Department of Social Services. Increasing the number of Project Home providers would expand affordable housing options for individuals unable to live alone. For persons with mental health problems who have difficulty maintaining themselves in the community, there are very few suitable housing options. Group homes and other alternatives are needed in our county to help fill this need.

For some seniors, lack of permanent housing is a challenge. Finding affordable housing that will meet their needs is difficult due to limited subsidized housing in Worcester County. There are many reasons that homelessness continues to be an issue but having affordable housing would alleviate much of the problem. Resources will be needed to increase and organize services to address homelessness in Worcester County. Future goals should include the development of additional affordable housing options including expansion of funding through the Medicaid Waivers, subsidy programs and other resources. Policy change at the Federal and State level is needed for progress in these areas.

Plan Of Action

As identified above, action is needed within the collaboration and in the community to address these areas. Appropriate staff members will be linked to work on these issues.

Outcome Measures

Internally, a set of outcome measures needs to be developed with the MAP staff team. This will be incorporated in future staff strategic planning sessions. These measures will provide the agencies with a way to show the strengths, successes and areas needing improvement through the development of goals for the project. Information collected from measurable outcomes will be essential for future funding requests and grants

Marketing

The general public's knowledge of existing services needs to be improved through outreach and marketing activities. Frequently community members are unaware of resources available in the community. Through an exerted effort to reach residents and by working with local agencies, existing services such as public transportation, socialization programs and volunteer opportunities may see an increase in usage. A Marketing Plan will be developed (by January 1, 2008) outlining how this will be accomplished. In conjunction, members of the collaborating agencies should be represented on local work groups and present information back to the collaboration members so further action can be taken as additional resources are identified and efforts are not duplicated.

Maintain MAP Program & Staff

Increasing financial support for the programs in Maryland Access Point of Worcester County through grants and other funding sources should be at the forefront of efforts by the collaborating agencies. Currently there are three staff positions in need of continued funding and there will soon be a need for expansion. As seen by the increase in contacts over the past few years, an additional Intake Worker will soon be needed as will more case workers. Research into potential funding sources will continue and expand into not only federal grants but also private foundation grants and other opportunities. All three agencies will work together on future applications to prevent duplication of efforts and maximize collaboration. Attainment of future funding will ensure the sustainability and expansion of this project.

Expand Programs & Services

In the community, services need to be expanded and increased to better serve the needs of seniors and individuals with disabilities. The areas identified in need of the most growth are: in home services, specialized medical services, socialization & volunteer opportunities, transportation services and housing options. Marketing these needs to community organizations and supporting efforts to begin new programs are steps that members of the collaborating agencies can take. This should include educating the public about new services and programs. Seeking additional funding sources for direct services will also assist in expanding in home services through the public agencies.

Internally, expansions of the collaboration will include improved communication with other DSS programs such as increased interaction between Transitional Emergency Medical and Housing Assistance (TEMHA) workers and MAP staff. In terms of increasing staffing within Maryland Access Point, additional access to mental health and addictions staff would benefit the team and customers they serve. With the addition of another intake worker and case workers as mentioned above, MAP will be more suited to serve the ever-growing senior population in years to come. Other areas of expansion will be investigated as time progresses. Efforts of the collaborating agencies will need to focus on funding for these positions once financing for current staff is obtained.

Action steps include applying for grants/funding opportunities other than state funds, utilizing incentives when possible and promoting available opportunities through marketing.

Strategies/Ideas

Specific strategies recommended during discussions are included in this report. The continuation of quarterly Coordination Meetings between partner agency directors, their designees and supervisors will be essential for the growth of this project. This avenue provides a conduit for communication amongst the agencies.

As additional funding streams are sought, it is important for each agency to include the partners actively in the application process. A resounding anthem from the disability community comes to mind: "Nothing for us, without us". Partners must actively seek out input from their colleagues as new concepts are developed and throughout the development process.

There is a need to include and obtain feedback from the community as time progresses. This is done for several reasons. First, in order to have buy-in from Worcester County residents, their concerns and needs should be investigated and addressed if possible. In rural areas accomplishments are much more successful if the community is supportive of the endeavor. Also, the issues identified by providers may not be the same as those felt to be most important by seniors and their families. Areas that the helping community may feel are adequate may not be identified in such a way by the elderly and their caregivers. This can indicate a need for further education and outreach about current available services and is very valuable information.

Throughout the planning process in years to come, it will be essential to think "outside the box" as the senior population grows and unique areas of concern are identified. For example, PRC data indicates that 22.3% of individuals 60+ are not in a monogamous relationship and do not use condoms. This has led to an idea of placing condoms in the Senior Centers. As the senior population ages and increases, seniors and those who serve them will be faced with more challenges. The Aging In Worcester Initiative must be prepared to change and grow with this group of individuals, especially the Baby Boomers.

Leads for Focus Areas

Outcome Measures > MAP Staff & Coordination Team

Marketing > Aging Project Coordinator, MAP Staff & Coordination Team

Maintain MAP Program & Staff > MAP Coordination Team

Expand Programs & Services > MAP Coordination Team

In Home Services – Aging Project Coordinator, MAP Staff

Socialization - COA/Sr Center Directors, Parks & Recreation

Volunteerism – Worcester Volunteer Services, Aging Project Coordinator

Access to Medical Services – Health Planning Advisory Council, HD

Housing – Core Services Agency (CSA), DSS, Homeless Coalition

Transportation – COA, Transportation Work Group (Rob Hart – rep)

The MAP/Aging Project Coordinator will be involved with all areas.