City of Baltimore

# BBMR Management Research Report

SENIOR SERVICES

REVIEW OF SERVICES PROVIDED TO SENIORS BY THE BALTIMORE CITY GOVERNMENT

Management Research Report

What BBMR Found

Baltimore City provides services targeted to seniors through four agencies: the Departments of Health, Housing and Community Development, Recreation and Parks, and Public Works. The Department of Health spends more money on seniors than the other three agencies combined, and it provides the most programs. This agency is also the State-designated Area Agency on Aging for Baltimore City. The chart below shows how much money has been spent by each of these agencies on senior services over the past four fiscal years, as well as budgeted funds for Fiscal 2015.
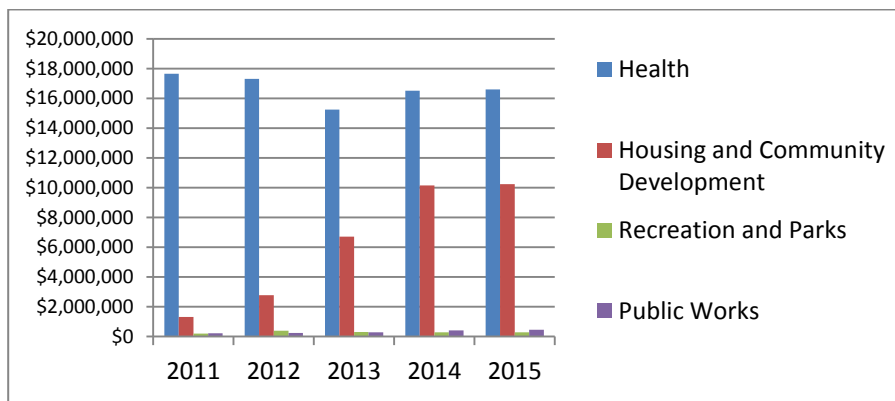
Most of the funding for senior services comes from either the federal government or the Maryland State government, as can be seen below.
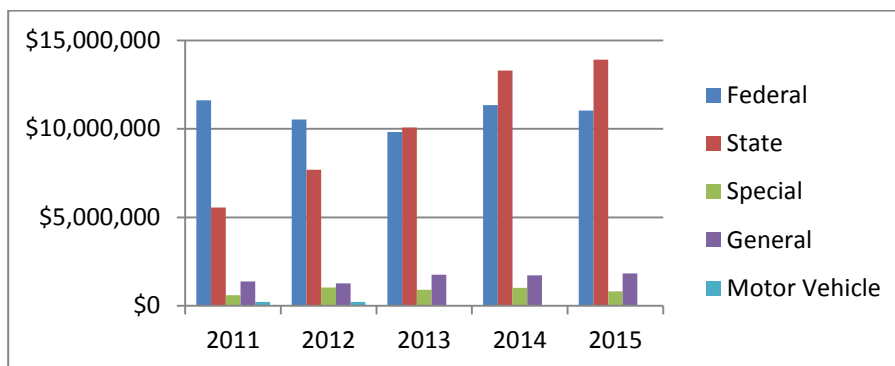
These funding sources establish requirements regarding what the agencies must measure when providing senior services. As such, the agencies receiving most of their funding from outside of the City, primarily the Departments of Health and Housing and Community Development, track many aspects of their services' performance. Recreation and Parks, though it receives most of its funding from the General Fund, also tracks numerous performance measures for its Recreation for Seniors service. The Department of Public Works is the one agency that does not track many performance measures. All agencies, however, primarily track outputs. They do not track longer term results of their interventions such as outcomes or impacts.

Why BBMR Did This Study

In recent years, the Baltimore City government has been spending between $20 and $30 million annually on senior services. Most of this funding has come from either the federal government or the Maryland State government. The purpose of conducting this study has been to 1) provide a comprehensive inventory of the services provided by the City government to seniors, 2) determine which measures the services are using to keep track of performance, 3) establish what types of funds go to these services, and 4) determine how well the grants are being managed.

What BBMR Recommends

To improve the operation of senior services, BBMR recommends the following actions:

1. Reorganize the services and activities serving seniors in the Department of Health as follows:
a) Move the activity Special Support Services (a grant to Healthcare for the Homeless) out of Service 311 (Health Services for the Aging) and into Service 303 (Clinical Services).
b) List individual Senior Centers as separate activities in Service 721.
c) Establish separate activities for each program operated under Service 723 (Advocacy and Supportive Care for Seniors).
d) Establish separate activities for each program operated under Service 724 (Assistive and Directive Care for Seniors).
e) Elaborate programs as separate activities within Service 725.
2. Establish a line item to account for foregone revenue due to the DPW senior water program.
3. Make numerous changes to the Outcome Budgeting performance measures for Senior Services in the Health Department.
4. Begin tracking outcome and impact variables for all programs.
5. Begin surveying clientele within the Health Department.
6. Expand the number of output variables DPW tracks.
7. Improve data tracking and retrieval.

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Bureau of the Budget and Management Research
Andrew Kleine, Chief

Bureau of the Budget and Management Research
100 N. Holliday Street, Baltimore, MD 21202

October 30, 2015

The Honorable Mayor Rawlings-Blake,

Though most services that are provided by the Baltimore City government affect senior citizens in some way, there are certain agencies that provide services directly targeted to seniors. Primary among these agencies are the Departments of Health, Housing and Community Development, Recreation and Parks, and Public Works.

This management research project on senior services was conducted upon your request for the purpose of providing a comprehensive accounting of the services provided to seniors by the City government. The authority to conduct this project comes from BBMR's mandate to provide policy and fiscal research and analysis on a variety of administrative, departmental and citywide issues. Key issues examined in this management research project include: 1) providing a comprehensive inventory of the services provided by the City government to seniors, 2) determining which measures the services are using to keep track of performance, 3) establishing what kinds of funds go to these services, and 4) determining how well the grants are being managed, since so much of the funding for senior services is through grants.

To determine the answers to these questions, the Bureau of the Budget and Management Research (BBMR) interviewed staff responsible for program operation in all the agencies in question, reviewed actual expenditures and budgets for the agencies providing senior services, consulted the annual budget books, reviewed data provided by the agencies, and reviewed documents pertaining to the various senior services.

BBMR conducted this management research project from July 2014 to September 2015 in accordance with the standards set forth in the BBMR Project Management Guide and the BBMR Research Protocol. Those standards require that BBMR plan and perform the research project to obtain sufficient and appropriate evidence to provide a basis for the conclusions and recommendations contained in this report. BBMR believes that the evidence obtained provides a reasonable basis for the findings and conclusions in this report and that such findings and conclusions are based on research project objectives.

BACKGROUND

INTRODUCTION

Scope

This research project's goals have been to 1) construct a comprehensive inventory of services provided to seniors by the Baltimore City government, 2) determine how the various agencies providing services to seniors track the performance of those services, 3) establish what kinds of funds go to these services, and 4) determine how well the grants are being managed.

One of the first questions we needed to answer was how we were going to define senior services. Most services provided by the City government provide a benefit to seniors. Anything from Fire to Police to street repaving assists the seniors living in the City. We determined, however, that we wanted to take a narrower focus. We wanted to focus on programs that are either explicitly aimed at seniors, or that provide the bulk of their benefits to seniors even if not explicitly aimed at this group.

We also needed to answer the question: who is a senior? The AARP, formerly known as the American Association of Retired Persons, offers membership to people at age 50. There are many 55 and over communities in the country that advertise themselves as senior living. People can begin collecting Social Security at age 62. Medicare begins at age 65. There are many different ages at which people could be considered seniors.

After looking at the various senior programs the City runs, we decided the only way we could classify people as seniors is if they are classified as such for each individual program. The City's senior programs variously classify people as seniors at ages 50, 60, 62, and 65. These classifications are often established by the funding organizations for the programs, usually the federal or State government.

Below is a table showing the minimum age requirement for the various programs this report will be discussing in the next section. One will note that with some of these services the minimum age requirement is 18. This is because some of these programs work with people who are in, or who are eligible to be in, congregate care. For a lot of these programs, such as nursing homes, the people who are eligible for this type of care are seniors and people who are not seniors but who have a disability.

Table 1: Age Requirements for Senior Programs

Agency	Program	Age Requirement
Department of Health	Adult Evaluation and Review Services	18
	Medical Assistance Personal Care Services Program	18
	Retired Senior Volunteer Program	55
	Senior Companion Program	55
	Senior Centers	60
	Senior Care Program	65
	State Health insurance Program	65
	Senior Medicare Patrol	65
	Long-Term Care Ombudsman	18

Agency	Program	Age Requirement
	Medicaid Waiver Program	50
	Money Follows the Person Program	18
	Public Guardianship	65
	Housing Services and Intervention	62
	Senior Assisted Living Group Home Subsidy Program	62
	Taxi Card Program	60
	Eating Together in Baltimore	60
	Legal Services	60
	Meals on Wheels	60
	Family Caregivers Program	60 55 for grandparents caring for grandchildren under 18
	Health Promotions	60
Department of Housing	Weatherization	No age requirement
	Housing Rehabilitation Loans	No age requirement
	Community Support Projects	No age requirement
Department of Parks and Recreation	Recreation for Seniors	50
Department of Public Works	Low Income Senior Citizen Water Discount Program	65

This report examines data from Fiscal 2011 to the present. With the change to Outcome Budgeting in Fiscal 2011, the City changed the budgetary organization of the programs the City runs. Comparing current services to services prior to Fiscal 2011 can be difficult because these services were previously organized differently than they are now.

History of Senior Services in Baltimore

Much of the funding for senior programs comes in the form of grants from either the State or federal governments. Some programs are funded at the federal level through the Older Americans Act. Others are funded through Medicaid. Other programs receive State grants from various State agencies such as the Maryland Transit Administration. Sometimes funds originate with the federal government but are channeled through the State. As such, much of what the City offers to seniors is not created by the City government. The agencies providing senior services are implementing programs that have originated at either the State or the federal level.

Prior to Fiscal 2011, there existed in the Baltimore City government a Mayoralty-Related agency called the Commission on Aging and Retirement Education (CARE). This agency was created in 1973 by City ordinance. The mission of this agency was to develop and coordinate activities for seniors, their families and caregivers. This agency's activities were overseen by a 24 member commission appointed by the Mayor, a commission that still exists under the revamped organizational structure that is discussed below.

CARE was funded through federal, State, and City funds. It oversaw three main service areas: Community Services, Advocacy Services, and Client Services. Community Services was intended to help people pursue healthy lifestyles, and engage in socialization. Advocacy Services was meant to help older adults and their families get benefits and services to which they were entitled. Client Services helped senior citizens who were at risk of losing their independence. This agency served as the Area Agency on Aging (AAA) for Baltimore City.

The State Department of Aging has designated Area Agencies on Aging (AAA) across the state under the auspices of the federal Older Americans Act. According to the 2013 Maryland Department of Aging Annual Report, the services provided by Area Offices on Aging include:

- Information and assistance
- Application for benefits
- Supplemental housing services
- Education and social services
- Elder protective services
- Communities for a lifetime
- Health and wellness services
- Long term care services
- Family support services
- Home delivered meals
- Employment training and jobs
- Medicare insurance counseling

AAAs are affiliated with the national Aging and Disability Resource Center Initiative, which helps provide long term care information and assistance. AAAs have been involved in turning people's focus away from institutional care and toward community-based care.

While CARE was operating, the City's Health Department operated a program called Health Services for the Aging. This program had numerous activities within it such as Geriatric Evaluation Services, Personal Care Services, Retired Senior Volunteers, and Senior Companions.

In Fiscal 2011, the City moved CARE into the Health Department, creating the new Office of Aging and CARE Services within that department. This office now serves as the Area Agency on Aging. This office contains four divisions: one division houses the programs that the Health Department previously ran, while the other three divisions mimic the three service areas that previously existed within CARE. The new office still utilizes the 24 member commission that oversaw the previous Commission on Aging and Retirement Education. Because of this merger, the Health Department is now the single largest provider of senior services in the City.

Demographics

Below is a table showing the senior population of Baltimore City and how it compares to other selected counties in Maryland. These numbers, and the numbers for all the tables in this section, were taken from the 2013 American Community Survey 1-Year Estimates. This source did not have information available for each

county in Maryland for every measure. The counties that appear in these tables are the counties for which information was available. For the purposes of these tables, senior is defined as at least 60 years old.

Table 2: Senior Population by County

County	Population	60+ Population	% of Total Population
Allegany	73,521	18,160	24.7%
Anne Arundel	555,743	104,480	18.8%
Baltimore City	**622,104**	**111,979**	**18.0%**
Baltimore County	823,015	179,417	21.8%
Calvert	90,484	16,649	18.4%
Carroll	167,564	33,513	20.0%
Cecil	101,913	19,465	19.1%
Charles	152,864	22,777	14.9%
Frederick	241,409	43,212	17.9%
Harford	249,215	48,846	19.6%
Howard	304,580	51,779	17.0%
Montgomery	1,016,677	196,219	19.3%
Prince George's	890,081	147,753	16.6%
St. Mary's	109,633	16,993	15.5%
Washington	149,588	32,311	21.6%
Wicomico	100,896	19,776	19.6%

One can see from this table that the percentage of Baltimore's population made up of seniors is relatively low when compared to these other Maryland counties. Only Charles, Frederick, Howard, Prince George's, and St. Mary's have smaller senior percentages.

Baltimore City is also currently projected by the State to have its senior share of the population grow more slowly than these other counties. According to the Maryland Department of Aging 2013 Annual Report, the number of people at least 60 years old in Baltimore City is expected to grow by 23.6% between 2010 and 2040. By contrast, this report projected almost every other county in the state to experience much larger increases in their senior populations. For example, the counties immediately surrounding Baltimore City, such as Anne Arundel, Baltimore County, and Howard, were projected to have increases in their 60+ populations of 50.4%, 38.35%, and 82.34% respectively.

Table 3: Senior Income and Poverty Level by County

County	65+ Population	65+ in Poverty	% of 65+ Population in Poverty	Median Household Income
Allegany	13,032	1,235	9.5%	$29,306
Anne Arundel	71,090	3,926	5.5%	$53,472
Baltimore City	**74,652**	**11,952**	**16%**	**$27,457**
Baltimore County	122,934	9,454	7.7%	$43,867
Calvert	10,909	1,100	10.1%	$52,670
Carroll	23,832	1,462	6.1%	$46,644
Cecil	13,400	899	6.7%	$37,418

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County	65+ Population	65+ in Poverty	% of 65+ Population in Poverty	Median Household Income
Charles	15,565	1,437	9.2%	$50,061
Frederick	29,671	2,165	7.3%	$44,434
Harford	33,731	2,298	6.8%	$51,616
Howard	34,920	1,004	2.9%	$70,137
Montgomery	131,651	9,449	7.2%	$78,510
Prince George's	93,851	6,741	7.2%	$59,501
St. Mary's	11,424	744	6.5%	$46,479
Washington	21,557	1,608	7.5%	$40,616
Wicomico	13,283	1,252	9.4%	$36,123

The Health Department indicated that the formula through which it receives money from the State has changed in recent years to account for the fact that the City has a smaller percentage of its population made up of seniors than other counties. As such, funding has been going down. However, one concern the Health Department has with this formula can be seen in the table above. Though the City has a relatively small percentage of seniors, its seniors have a very low median income, and a disproportionately large number of its seniors are in poverty. As such, Baltimore has a disproportionately large number of seniors in need of City services.

Below is a table that breaks out the senior population in Baltimore and the other Maryland counties by gender. Not surprisingly given gender differences in life expectancy, most counties show that more than half of their seniors are women. However, Baltimore City is still an outlier with 60% of its 65 and over population made up of women.

Table 4: Gender Composition of 65+ Population by County

County	Population 65+	Male 65+	% of 65+ Population Male	Female 65+	% of 65+ Population Female
Allegany	13,822	5,996	43%	7,808	57%
Anne Arundel	72,802	32,254	44%	40,330	56%
Baltimore City	**74,652**	**29,569**	**40%**	**45,120**	**60%**
Baltimore County	127,567	53,064	42%	74,448	58%
Calvert	11,220	4,999	45%	6,227	55%
Carroll	24,799	10,882	44%	13,961	56%
Cecil	13,962	6,460	46%	7,495	54%
Charles	15,898	6,863	43%	9,103	57%
Frederick	30,659	13,257	43%	17,443	57%
Harford	34,392	15,170	44%	19,412	56%
Howard	35,331	15,774	45%	19,602	55%
Montgomery	135,218	57,349	42%	77,924	58%
Prince George's	96,129	40,250	42%	55,888	58%
St. Mary's	12,060	6,126	51%	5,988	49%
Washington	22,887	10,044	44%	12,788	56%
Wicomico	13,924	5,969	43%	7,967	57%

Below is a table that breaks out the senior population in Baltimore and selected additional Maryland counties by the number and percent who are African-American. One can see that Baltimore City contains the second largest African-American percentage behind only Prince George's County.

Table 5: African-American Seniors by County

County	Population 65+	African-American 65+	% of 60+ Population African American
Anne Arundel	72,802	7,259	10%
Baltimore City	**74,652**	**46,372**	**62%**
Baltimore County	127,567	20,42	16%
Calvert	11,220	1,483	13%
Charles	15,898	4,559	29%
Frederick	30,659	2,032	7%
Harford	34,392	2,547	7%
Howard	35,331	4,929	14%
Montgomery	135,218	15,777	12%
Prince George's	96,129	60,803	63%
St. Mary's	12,060	744	6%
Washington	22,887	849	4%
Wicomico	13,924	2,506	18%

BUDGET

After examining all the services provided by the Baltimore City government, we have identified four City agencies that provide services that we consider to be senior services. These agencies are:

- Department of Health
- Department of Housing and Community Development
- Department of Recreation and Parks
- Department of Public Works

The funds to run these programs come from a variety of sources, though the bulk of them are State and federal grants. The Department of Health provides the most services to seniors, both in terms of dollars spent and total programs operated. In the sections below, we will show how much each of these agencies has spent on senior services since 2011, and what the sources of funding have been.

Health Department

As already indicated, the Health Department provides the most services to seniors in Baltimore. An in depth accounting of these services will be provided in the next section. Below, one can see the total funds spent on all senior Health programs since 2011 by funding source. Most of these funds have been provided by the federal government. The State government has provided the second most funds. These two entities provide

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most of these funds to the City in the form of grants. The Health Department receives few general or special funds for senior services.

The department has in recent years requested that the state revisit how it develops its formulas to determine how much Older Americans Act funding gets allocated to Baltimore City. The department believes that its needs are not being adequately met by the current formulas.

We asked the department to provide us information on any matching requirements they may have for receiving either these federal or State dollars, and we were told that there are two. The Senior Companion Program and the Retired Senior Volunteer Program each are required to provide a match for their funding. In Fiscal 2015, the Senior Companion Program required a $116,542 General Fund matching grant, and the RSVP Program required a $84,520 match.

Because of this funding arrangement, the programs the City offers, as well as their parameters, are essentially dictated by the State and federal governments. Very few Health Department programs are creations of the Health Department itself.

One can also see that since 2011 the total funding spent on senior programs through the Health Department has gone down. It dropped 14% between 2011 and 2013. Since then it has rebounded somewhat, but is still 6% below where it was in 2011.

Chart 1: Department of Health Expenditures
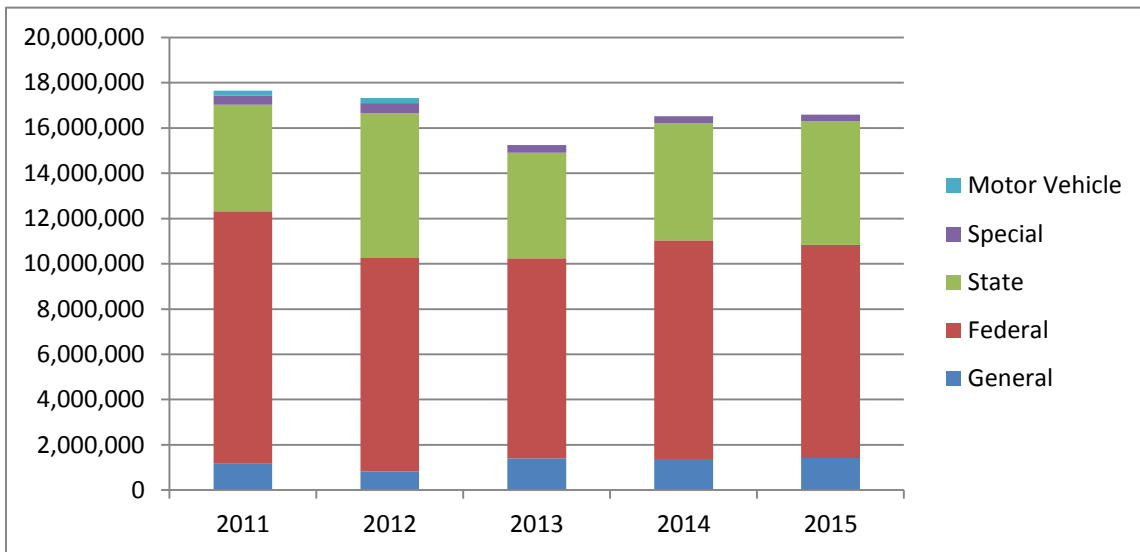
Department of Housing and Community Development

Below is a table showing the full costs of the various services offered by the Department of Housing and Community Development that at least partially affect seniors. The table is in fiscal years, and figures for 2015 are budgeted.

Table 6: Department of Housing and Community Development Expenditures - Overall

Fund	2011	2012	2013	2014	2015
General	$846	$63,337	$196,917	$327,002	$364,994
Federal	$665,618	$1,808,489	$1,607,341	$2,879,337	$2,765,774
State	$1,700,491	$2,604,760	$10,827,334	$16,235,098	$16,919,703
Special	-	$698,754	$437,297	$451,537	-
Total	$2,366,955	$5,175,340	$13,068,889	$19,892,974	$20,050,471

Based on our discussions with staff at the department, we have determined that there are three services that generate the costs above. Based on our discussions with this staff, we believe the following percentages should be applied to the three services to determine the amount that makes up senior services.

Table 7: Department of Housing and Community Development – Percent to Seniors

Service	Percentage Going to Seniors
593 – Community Support Projects: Rebuilding Together Baltimore	68%
Action in Maturity	100%
SAGA – Commission on Aging	100%
St. Ambrose	40%
738 – Weatherization	50%
750 – Housing Rehabilitation Loans	50%

Applying these percentages to the expenditures above yields the following expenditures on seniors. We believe these numbers represent what the Department of Housing and Community Development has spent, and in the case of Fiscal 2015 will spend, on seniors.

Table 8: Department of Housing and Community Development Expenditures - Revised

Fund	2011	2012	2013	2014	2015
General	$423	$31,669	$98,459	$163,501	$182,497
Federal	$466,824	$1,091,008	$977,181	$1,654,303	$1,603,873
State	$850,246	$1,302,380	$5,413,667	$8,117,549	$8,459,852
Special	-	$349,377	$218,649	225,769	-
Total	$1,317,492	$2,774,434	$6,707,955	10,161,121	$10,246,222

Department of Recreation and Parks

Recreation and Parks provides one senior service, Recreation for Seniors. This service will be discussed in more detail in the next section. As can be seen in the table below, most of this service's funds are general funds, in contrast to the senior programs run by the Health Department and Housing and Community Development. The Special Fund represents the fees that Recreation and Parks charges people for the activities in which they participate.

Chart 2: Recreation and Parks Expenditures
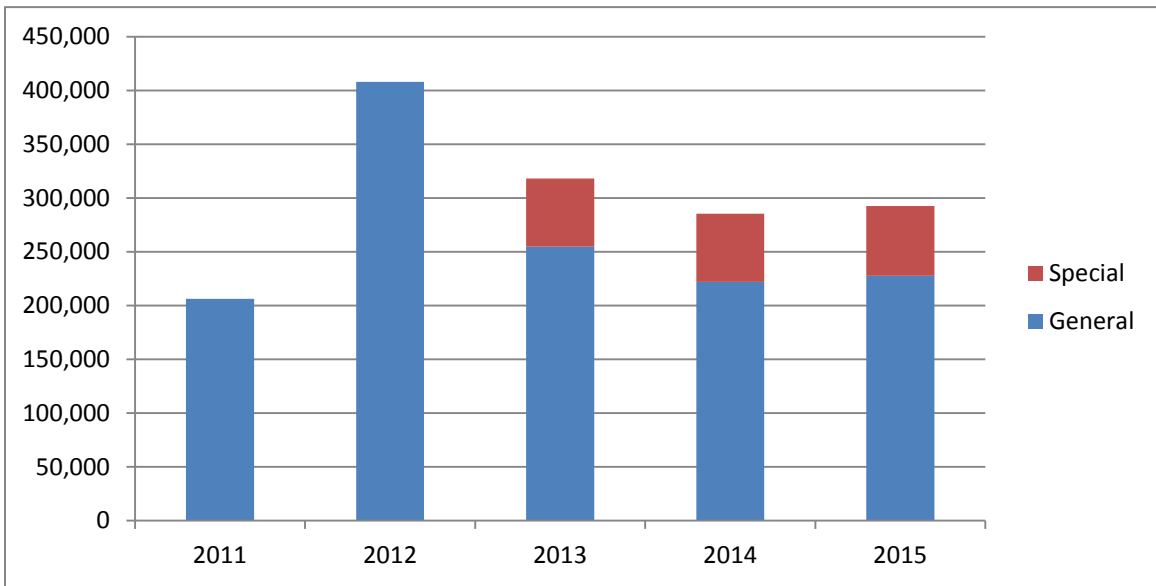
Department of Public Works

Unlike with the three agencies discussed above, the dollar amounts in the table below are not for expenditures. They are instead for foregone revenue. This program allows seniors who meet certain criteria to reduce their water and sewer bills to the City. The amounts in the table represent the revenue that the Department of Public Works (DPW) does not collect in the Water Utility Fund from these seniors due to this program.

Chart 3: Department of Public Works Expenditures
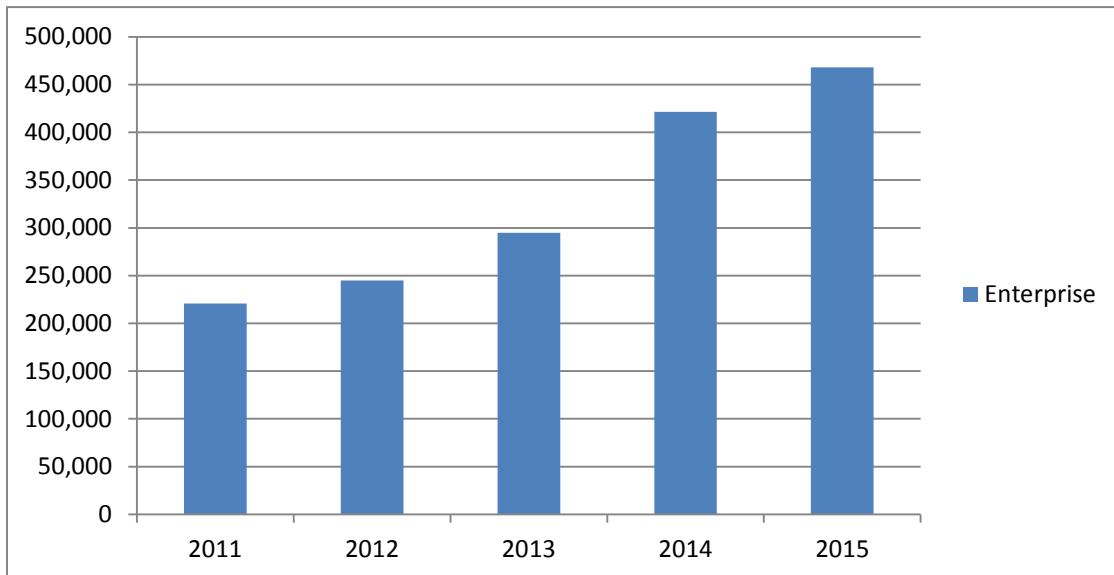
Total

Table 9 below shows the total expenditures, or in the case of DPW foregone revenues, that we have identified for senior services since 2011, and the funding sources for these expenditures.

Table 9: Total Expenditures by Fund

Fund	2011	2012	2013	2014	2015
General	$1,374,282	$1,264,961	$1,755,870	$1,718,015	$1,828,686
Federal	$11,618,522	$10,525,040	$9,820,395	$11,347,261	$11,024,878
State	$5,560,749	$7,689,680	$10,069,036	$13,296,567	$13,915,567
Special	$386,465	$794,249	$916,282	$1,022,504	$825,185
Motor Vehicle	$446,710	$468,860	-	-	-
Total	$19,386,727	$20,742,790	$22,561,582	$27,384,346	$27,594,316

Chart 4 below shows how expenditures vary by agency. Though the Department of Health provides the most senior services money, in recent years the amount spent by Health has been going down, while the amount spent by the Department of Housing and Community Development has been going up.

Chart 4: Total Expenditures by Agency
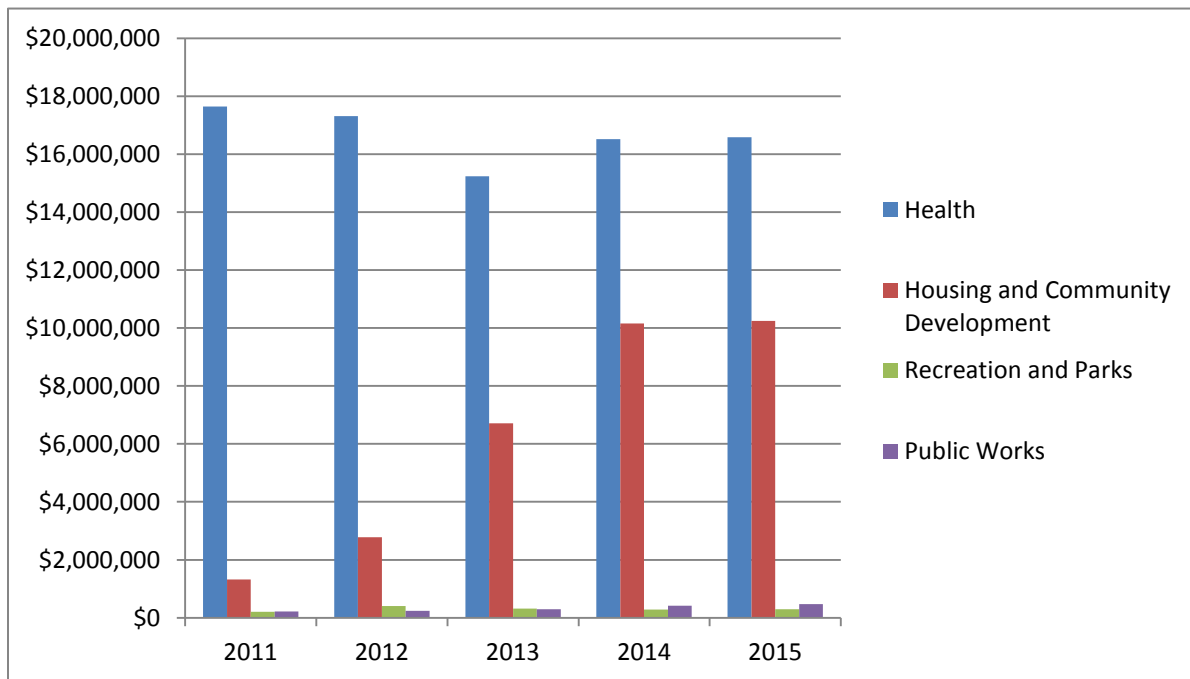
PRIORITY OUTCOMES

Through the Outcome Budgeting process, the City has identified seven Priority Outcomes that it uses to guide its budget decisions. These Priority Outcomes for Fiscal 2016, and the indicators for success with these outcomes, are:

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1. Better Schools
   a. School attendance
   b. Kindergarten readiness
   c. 3rd grade reading proficiency
   d. Baltimore City public schools graduation rate
2. Safer Streets
   a. Citizen perception of safety
   b. Number of shootings
   c. Property crime rate per 100,000 people
3. Stronger Neighborhoods
   a. Number of vacant properties
   b. Number of permits issued greater than $5,000 (residential and non-residential)
   c. Percent of citizens utilizing sustainable forms of transportation
   d. Number of individuals taking part in recreational opportunities
4. A Growing Economy
   a. City resident employment rate
   b. Number of jobs in Baltimore City
   c. Number of visitors
5. Innovative Government
   a. Speed of service provision
   b. Efficiency of service provision
   c. Well-being of customers obtaining service
6. A Cleaner City
   a. Recycling rate
   b. Citywide energy usage
   c. Watershed water quality
   d. Water infrastructure reliability
7. A Healthier City
   a. Rate of drug-related ER visits
   b. Rate of heart disease
   c. Number of childhood asthma ER visits

The City looks at which services contribute most to these outcomes, and how well services are performing. It decides how much funding should go to each service based on its connection to these outcomes, the strength of its performance, and evidence of its impact on citywide indicators. Sometimes it chooses not to fund services that do not contribute meaningfully to those outcomes and/or that are performing poorly.

As has been discussed, numerous agencies provide services to seniors in the City. Not surprisingly, given these different sources of programs, individual senior services fall under different priority outcomes. Below is a list of the priority outcomes under which senior services fall, as well as the specific senior services within those outcomes. These services will be described in detail in the next section.

The services as they are outlined below are for Fiscal 2016. These differ from how these services were organized in Fiscal 2015. The discussion that follows in the next section refers to Fiscal 2015 services. These

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services have been reorganized for Fiscal 2016 due to preliminary results of our research we provided to the Health Department.

Healthier City

- 311 - Health Services for Seniors – Department of Health
- 651 - Recreation for Seniors – Recreation and Parks
- 721 - Senior Centers – Department of Health
- 722 - Administration – CARE – Department of Health
- 723 - Advocacy for Seniors – Department of Health
- 724 – Direct Care and Support Planning – Department of Health
- 725 – Community Services for Seniors – Department of Health

Stronger Neighborhoods

- 593 - Community Support Projects – Department of Housing and Community Development
- 750 - Housing Rehabilitation Loans – Department of Housing and Community Development

Cleaner City

- 738 - Weatherization – Department of Housing and Community Development

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FINDINGS

COMPREHENSIVE INVENTORY

Overview

In the previous section we identified the Outcome Budgeting services that constitute the senior programs provided by the Baltimore City government. One of our significant findings is that the budget documents produced through the Outcome Budgeting process do not adequately describe what is provided to seniors through these services.

In addition, we have discovered that some departments, most particularly Health, organize senior services in a way that is not aligned with the Outcome Budgeting service construct. This appears to be largely due to the fact that most of these programs are grant funded. Because most of the programs are grant funded, the granting entities (primarily the federal and State governments) dictate the organization of the programs, rather than the Outcome Budgeting categories.

Below we will discuss how the agencies providing senior services organize those services, and what these various services do. We will also show that the Health Department's budget and grant structures are out of alignment.

As stated at the beginning of the report, one of our goals was to determine how the agencies are measuring performance of the services they provide to seniors. We will discuss the value and validity of each service's performance measures. There are two different types of measures to examine: Outcome Budgeting measures and any other measures that the department tracks, often to meet grant requirements.

Health

The Department of Health is the largest single provider of senior services in the City, both in terms of total dollars spent and number of programs. The services Health provides form the core services provided to seniors in the City.

Below we will present an accounting of senior services provided by the Department of Health as organized by the Outcome Budgeting process. There are six services within Health that are devoted to seniors. These services in Fiscal 2015 were:

- Service 311 – Health Services for the Aging
- Service 721 – Senior Centers
- Service 722 – Administration – CARE
- Service 723 – Advocacy and Supportive Care for Seniors
- Service 724 – Assistive and Directive Care for Seniors
- Service 725 – Senior Education

Below are the four senior services divisions maintained by the Health Department.

- Advocacy

- Adult Geriatric Health Services
- Client Services
- Community Services

For each service we discuss we will indicate which programs fit within it, as well as which division within the Health Department oversees each program. One will notice that some services contain programs administered by multiple divisions. For example, Service 724, Assistive and Directive Care for Seniors, has programs overseen by both Client Services and Community Services.

Service 311 – Health Services for the Aging

Overview of Programs

1. Adult Evaluation and Review Services (AERS):
   a. **Eligibility:** 65+ for VA system. 18+ for those who are at risk of institutionalization.
   b. **Funding:** Reimbursed under Medicaid through State Department of Health and Mental Hygiene (DHMH). (FY 2015 - $1,538,820 appropriated)
   c. **Services:** Provides assessment and comprehensive evaluation using interRAI assessment tool. This State-mandated program provides assistance to disabled adults who are risk of institutionalization. Provides initial and annual evaluations for adult daycare waiver, older adults waiver, living at home waiver, congregate housing and Medical Assistance Personal Care (MAPC).
   d. **Miscellaneous:** According to the department, there is no risk of losing funding for this program. The department reports that there is currently a wait list for some AERS services, particularly for community services and in-home aids; because the waiver programs operate on a tracking system, there is no wait list currently for those programs.
   e. **Division:** This program is run by the Adult Geriatric Health Services Division.

2. Medical Assistance Personal Care program:
   a. **Eligibility:** Medicaid recipients who live in Baltimore City and have a chronic illness, medical condition or disability with low levels of need for personal assistance at home.
   b. **Funding:** Reimbursed under Medicaid through DHMH. There is a $245 per patient per month reimbursement rate. (FY 2015 - $2,891,952 appropriated)
   c. **Services:** Provides assistance with personal care. Assistance is administered by aides who are either independent contractors or agency employees, and they are monitored by contractual registered nurse case monitors. Case management is not contracted out. Aides visit more than 3,000 patients every day, and the State pays them directly. Nurses visit every 90 days.
   d. **Miscellaneous:** According to the department, there is no risk of losing funding for this program. In addition, we were told there is no wait list for this program because it operates on a tracking system.
   e. **Division:** This program is run by the Adult Geriatric Health Services Division.

3. Retired Senior Volunteer Program (RSVP):
   a. **Eligibility:** Volunteers: 55+; Beneficiaries: must be home bound adults.

b. **Funding:** Federal grant through the Corporation for National and Community Service. (FY 2015 - $98.027 appropriated)

c. **Services:** Provides volunteers 55+ with opportunity for 20-25 hours per week of service to work in programs and services that meet critical community needs. Volunteers receive stipend, bus pass/$25 transportation stipend, health and life insurance (in conjunction with Medicare). There are 35 RSVP stations (typically housed in senior centers, government agencies and non-profits) and 400 volunteers.

d. **Miscellaneous:** According to the department, there is a risk of losing funding for this program. In addition, we were told there is no wait list for this program.

e. **Division:** This program is run by the Adult Geriatric Health Services Division.

4. Senior Companion Program:

a. **Eligibility:** Beneficiaries: Homebound and disabled individuals; Volunteers: 55+, 200% of the Federal Poverty Line, must pass three background checks. All beneficiaries are referred through Adult Evaluation and Review Services and client referrals.

b. **Funding:** Federal grant through the Corporation for National and Community Service. (FY 2015 - $281.007 appropriated)

c. **Services:** Provides assistance and friendship to adults who have difficulty with daily living tasks so that they can remain independent in their homes, including in-home care, respite care and nursing home care. Volunteers work 20-25 hours/week and receive a $265 stipend and an annual medical review. There are 19 volunteer stations and 61 senior companions (75 is the goal).

d. **Miscellaneous:** According to the department, there is a risk of losing funding for this program. In addition, we were told there is sometimes a wait list for this program when there are no volunteer station openings in a potential volunteer's geographic area.

e. **Division:** This program is run by the Adult Geriatric Health Services Division.

5. Community First Choice:

a. **Eligibility:** 18+ who have case management and higher home based needs than can be met with MAPC. Individuals must require an institutional level of care based on a medical assessment, and be Medicaid-eligible or have income that does not exceed 150% of the federal poverty level.

b. **Funding:** Reimbursed under Medicaid through the State as a result of the Affordable Care Act. This comes through DHMH. (FY 2015 - $0 – new program)

c. **Services:** This program, recently created as a result of the Affordable Care Act, provides resources that allow the Department of Health to provide additional community-based services to people who are receiving services through the Medicaid Assistance Personal Care program mentioned above. This program emphasizes the idea that living in the community should be the first choice for people needing assistance, while living in institutional care should be a fall back option. Clients receive support for activities such as bathing, grooming, dressing, and accessing the community. This is a new program, thus the full scope of the number of people served under this program and wait list information is not yet available.

d. **Division:** This program is run by the Adult Geriatric Health Services Division.

Funding and Staff

Below are charts displaying the history of expenditures on this service and the number of staff assigned to this service since Fiscal 2011. The 2015 figures, for both expenditures and staff, are budgeted.

Chart 5: Service 311 Spending – 2011 through 2015

	2011	2012	2013	2014	2015
State	$672,212	$664,582	$673,517	$670,121	$664,582
Federal	$5,122,612	$4,765,143	$3,871,229	$3,216,887	$4,809,446
General	$45,473	$54,729		$3,285	
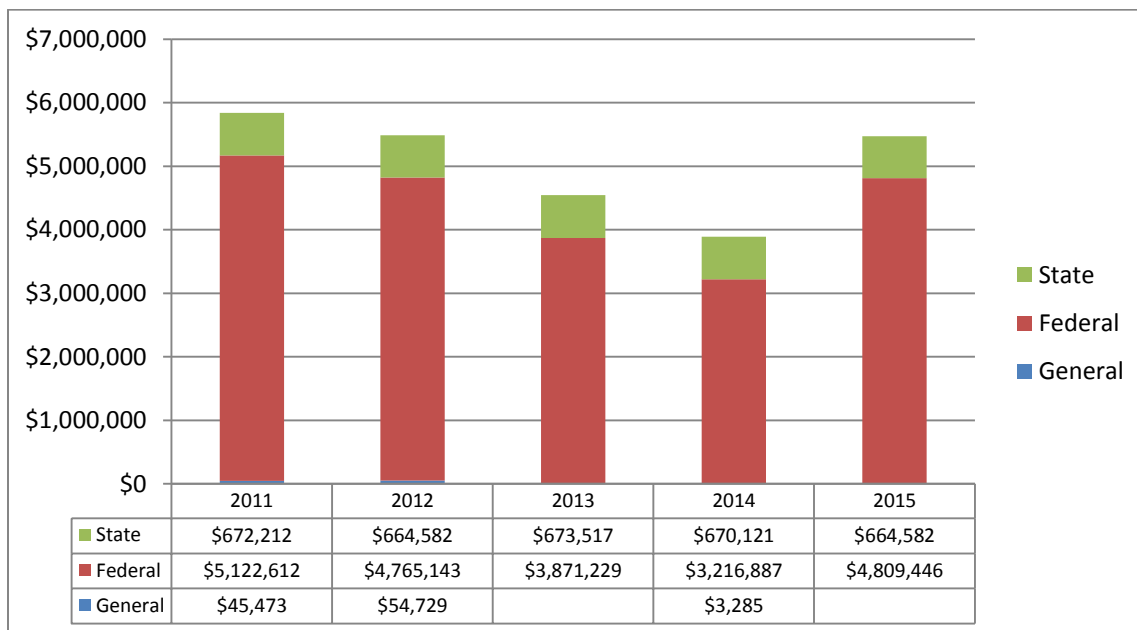
Funding for this service is primarily provided by the federal government. Though funding for this service has been dropping off in recent years, the budgeted funds for Fiscal 2015 show an increase. Our assumption is that this will likely not come to fruition; since most of these funds are federal and the federal government has been reducing funds for this in recent years, we are skeptical that this increase will actually occur. We have asked the department repeatedly for a reason why the budget for this would have gone up so much in Fiscal 2015 and we have been unable to get an adequate answer. Through May 2015, the department had spent just over $3 million in federal funds within Service 311, far below the almost $5 million it was budgeted to spend. In Fiscal 2014 it spent about $3.2 million in federal funds. It looks like that is probably about what it spent again in Fiscal 2015. So although federal funds in 2015 did not drop as they did in recent years, they also did not go significantly up as the department projected they would at the start of the year.

According to the Department of Health, there are two programs within this service that receive federal funds: the Retired Senior Volunteer Program and the Senior Companion Program. As can be seen above, it is the federal funds that have been shrinking in recent years. Also, the department has indicated that it needs to provide an in-kind match to these programs. It reports that it has been increasing this in-kind match in recent years to make up for the loss of federal funds. As such, the number of people served has not changed.

Chart 6: Service 311 Staff – 2011 through 2015
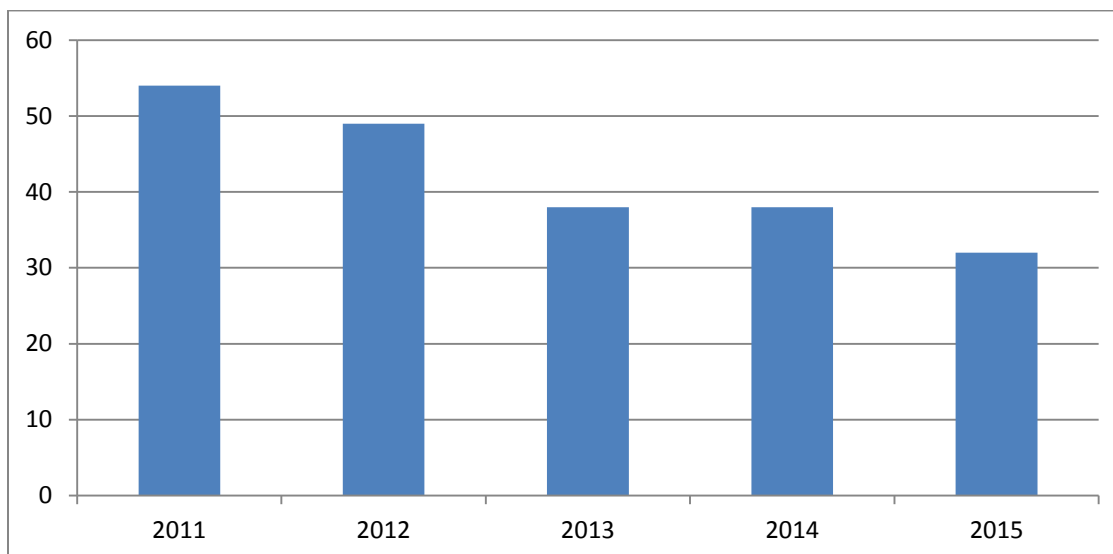
In keeping with the reduced appropriations for this service in recent years, the staffing for this service has also been decreasing recently. Because of this reduced staff level, the RSVP program has experienced a reduction in volunteers in recent years, according to the department.

Performance Measurement

Below is a table showing the Outcome Budgeting performance measures for service 311 for fiscal years 2012 through 2015.

Table 10: Service 311 – Health Services for the Aging Outcome Budgeting Performance Measures

Type	Measure	2012 Target	2012 Actual	2013 Target	2013 Actual	2014 Target	2014 Actual	2015 Target
Output	# of individuals requesting comprehensive evaluation services	NA	2,885	NA	2,297	3,000	2,836	2,500
Effectiveness	% of individuals receiving comprehensive evaluation services within 5 days of request/referral	NA	94%	95%	66%	95%	45%	95%
Effectiveness	% of quarterly volunteers enrolled in RSVP program placed in volunteer position	NA	91.7%	85%	100%	95%	NA	85%

One problem with this set of measures is that it ignores a significant portion of the work done within this service. Two of the measures are geared toward Adult Evaluation and Review Services. Another measure relates to the Retired Senior Volunteer Program. There are no measures related to either the Medical Assistance Personal Care Program or the Senior Companion Program. As such, neither of these programs is being tracked as part of the Outcome Budgeting process.

This service has not received general funds since Fiscal 2012, and even then the general funds it received were small. The Outcome Budgeting performance measures are largely designed to facilitate decisions about how to allocate general funds. With few general funds, this service does not need to utilize these performance measures to facilitate those general fund decisions. However, it would still be helpful to obtain information through this process on all the programs within service 311.

Another observation is that some of the measures are of questionable value. For example, knowing the number of individuals requesting comprehensive evaluation services seems far less important than the number receiving those services.

According to the Health Department, it tracks these performance measures in the following ways:

1. AERS – Case workers manually track the clients they see, as well as the date at which they first see them.
2. RSVP – The partners that host the volunteers track their volunteers and report this information to the department electronically through the department's web site. This information then moves to the Volunteer Reporter database. The department also collects data on its volunteers through surveys, logs, and time sheets.
3. The Health Department did not offer any methodology for collecting information on the Senior Companion program or the Medical Assistance Personal Care program. The Department did inform us that there are strict Medicaid guidelines for services rendered via Medicaid audits, such as the Medical Assistance Personal Care program (MAPC). MAPC is a state fee-for-services program administered by each local health department. The Department also states that the Senior Companion grant is given by the National Service Corps, which has strict guidelines for reporting and background checks.

The additional measures the Department of Health is tracking for this service are enumerated below, by fiscal year.

Table 11: Additional Performance Measures – Service 311

Program	Measure	2011	2012	2013	2014
Senior Companion	# of service hours completed	67,702	73,378	66,558	64,543
Adult Evaluation and Review Services (AERS)	# of evaluation requests provided with successful visits within 5 days	2,668	2,705	1,511	1,277
Personal Care Program	Average # of recipients currently enrolled	2,305	2,411	2,423	2,475

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Program	Measure	2011	2012	2013	2014
	# of new recipients approved for service	847	753	655	*
	# of recipients no longer in the program due to death	17	26	83	*
	# of recipients no longer in the program due to transfer of care	56	49	22	*
	# of recipients no longer in the program due to loss of benefits	16	9	37	*
	# of recipients no longer in the program due to other reasons	126	64	323	*
Retired Senior Volunteer Program (RSVP)	Average # of volunteers currently enrolled	451	381	319	371
	# of volunteer service hours completed	46,269	43,790	32,576	*

* - We were told that the department is no longer collecting this information.

Service 721 – Senior Centers

Overview of Programs

1. <u>Senior Centers:</u>
   a. **Eligibility:** Older Americans Act rules require an eligibility age of 60+.
   b. **Funding:** State, local and federal sources. (FY 2015 - $4,062,013 appropriated)
   c. **Services:** Provides older adults the opportunity to stay connected with their communities through social programming, including the Eating Together Program. It also offers other educational classes and programs including trips, arts and crafts, health and fitness, special events, socialization and volunteer activities. The City operates six programs (Hatton, John Booth, Oliver, Sandtown/Winchester, Waxter and Zeta) and non-profit organizations operate seven programs with some assistance from the City (Action in Maturity, Allen, Forest Park, Hartford, Greenmount, Myerberg and Senior Network of North Baltimore).
   d. **Miscellaneous:** According to the department, there is no risk of losing funding for this program as it is a mandated activity. In addition, we were told there is no wait list.
   e. **Division:** This program is run by Community Services.

Performance Measurement

Below is a table showing the Outcome Budgeting performance measures for service 721.

Table 12: Service 721 – Senior Centers Outcome Budgeting Performance Measures

Type	Measure	2012 Target	2012 Actual	2013 Target	2013 Actual	2014 Target	2014 Actual	2015 Target
Output	# of unduplicated seniors accessing services through senior centers	50,000	45,912	50,000	44,250	50,000	46,097	50,000
Output	# of participants	30,000	31,491	30,000	30,906	32,000		32,000

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Type	Measure	2012 Target	2012 Actual	2013 Target	2013 Actual	2014 Target	2014 Actual	2015 Target
	receiving education and training opportunities							
Efficiency	Expenditure per senior receiving nutritious meals and nutrition services annually	$1,100	$1,000	$1,100	$1,000	$1,000	$1,000	$1,000
Effectiveness	% increase in # of seniors receiving benefit support services through senior centers	2%	-1%	2%	2%	2%	3%	2%
Outcome	% of senior population who have access to services via senior centers	45%	45%	45%	45%	49%	50%	45%

We were told that the department uses a combination of electronic and manual techniques to track participation at senior centers. For example, people are supposed to swipe in electronically when they arrive at a senior center, but individual programs track participation manually. We suggest that the Health Department focus on determining ways it can make sure it is obtaining accurate information on participation.

With the outcome measure here, we were not clear what exactly was meant by percent of senior population who have access to services via senior centers. We consulted with the Health Department and were told that they get a number for the total senior population in the City from the Census Bureau. The department then said that they receive the number of people taking part in each program at a Senior Center from the Senior Centers on both a monthly and a quarterly basis. This is how they determine how many people are actually using the services.

Also, these measures are all short term. The department is not measuring anything that provides a long term sense of how the program is benefiting its client population.

In addition, we thought the department might be tracking additional measures, given grant requirements. But according to the Health Department they are only tracking these measures. We recommend that the Health Department track other measures for this service. These measures could include such items as:

- The number of seniors taking part in each type of activity offered at the senior centers
- Long term satisfaction of seniors with Senior Center programs
- Results disaggregated by center

We also recommend that the Health Department consult other resources for ideas on how it could measure senior center effectiveness. One example we have found is from Florida's Department of Elder Affairs, which has developed a guide titled the *Senior Center Evaluation Toolkit* that contains many suggestions for senior center performance measures. This toolkit, and possibly others like it, could help Baltimore's Health Department gauge how well its senior centers are doing delivering results for their customers.

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A final recommendation is that the Health Department should consider having its senior centers accredited as a way to ensure that the service it is providing is of high quality. The National Institute of Senior Centers maintains a system of nine standards that senior centers must live up to in order to gain accreditation. These standards are:

1. Purpose
2. Community
3. Governance
4. Administration
5. Program planning
6. Evaluation
7. Fiscal management
8. Records and reports
9. Facility

The Health Department told us that it has discussed seeking this accreditation in the past but so far has not pursued it. One reason for this is the additional cost that would be required.

Funding and Staff

Below are charts displaying the history of expenditures on this service and the number of staff assigned to this service since Fiscal 2011. The 2015 figures, for both expenditures and staff, are budgeted.

Chart 7: Service 721 Spending – 2011 through 2015

	2011	2012	2013	2014	2015
Special	$781	$2,068	$25,159	$18,929	
State	$115,584	$659,210	$736,011	$640,556	$767,558
Federal	$2,884,670	$1,618,777	$2,947,790	$3,063,157	$2,706,814
General	$331,562	$431,699	$434,664	$664,718	$587,641
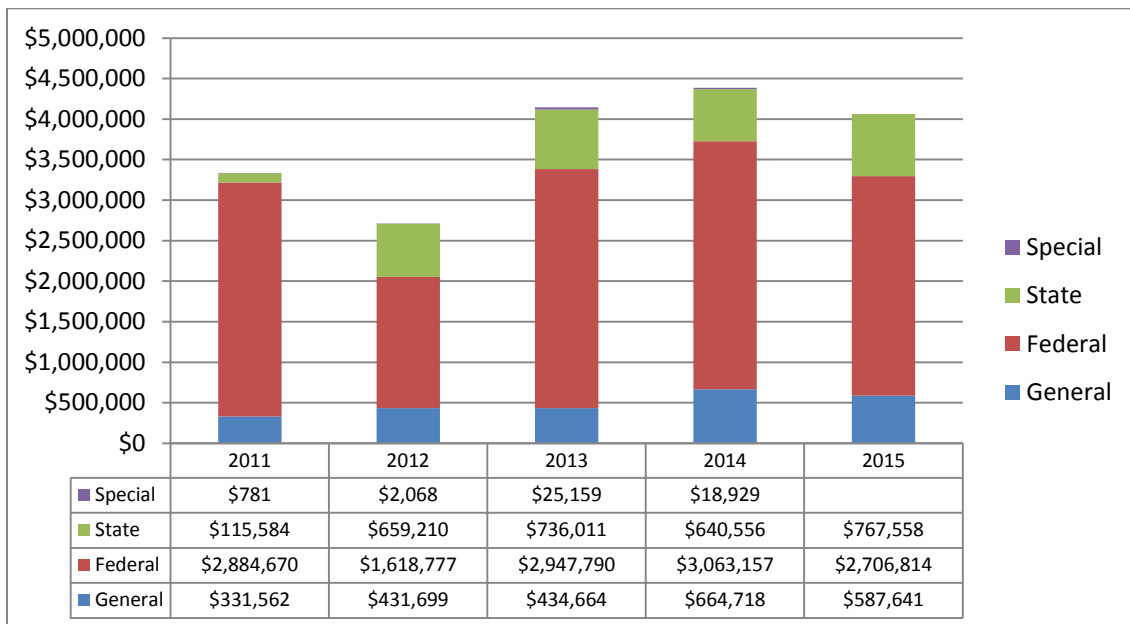
As with service 311, Service 721 receives most of its funding from the federal government. This federal funding has been inconsistent in recent years while the levels of both State and general funding have been relatively steady.

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Chart 8: Service 721 Staff – 2011 through 2015
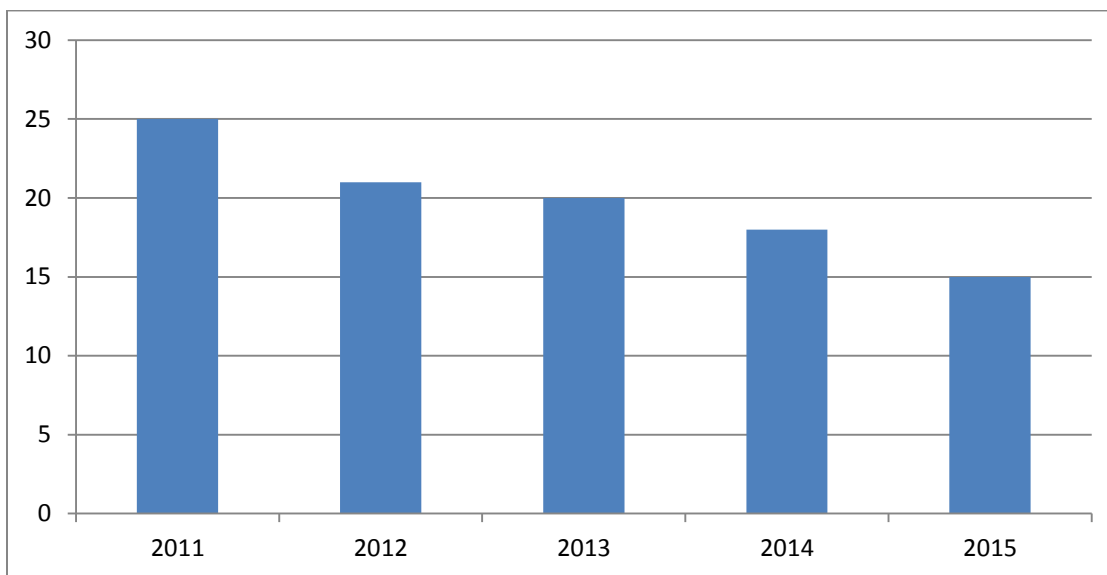
There has been a steady decline in the number of staff associated with this service since 2011. According to the department, staffing has been dropping in recent years due to reduced funding levels. However, this account does not match what we see in the funding figure above. That figure shows funding increasing between 2012 and 2014, and then dropping off slightly with the 2015 budget. The department said the agency has been responding to decreased staff levels by putting full time staff on the highest priority items, and utilizing volunteers where it can.

Service 722 – Administration - CARE

Funding and Staff

Below are charts displaying the history of expenditures on this service and the number of staff assigned to this service since Fiscal 2011. The 2015 figures are budgeted.

Chart 9: Service 722 Spending – 2011 through 2015

	2011	2012	2013	2014	2015
■ State	$51,397	$33,117	$51,131	$2,185	$30,191
■ Federal	$14,585	$114,111	$9,597	$53,407	$249,606
■ General	$235,370	$261,317	$568,705	$397,406	$507,234
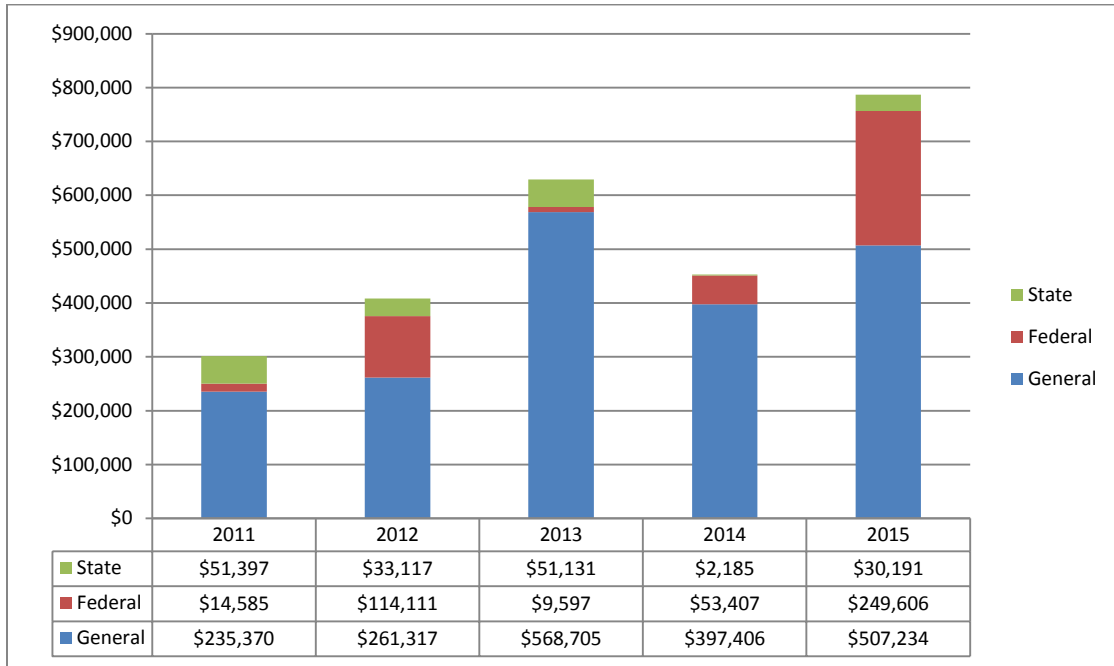
This service helps to administer the federal and State grants that the City receives to provide assistance to older adults and people with disabilities. The funding for this service has fluctuated significantly over the past five years. Most of this fluctuation has been in the amount of general funds being provided, though for Fiscal 2015 the budgeted federal funds are far greater than what the City has received in recent years. We believe that what has happened here is that there is a federal grant that the department used to receive that it no longer does. For some reason the department has kept this grant in its budget. Through May 2015, the department had spent only $30,000 of these funds, not the $249,000 budgeted. So it seems as if the large spike in federal funding budgeted for Fiscal 2015 probably did not come to pass.

Chart 10: Service 722 Staff – 2011 through 2015

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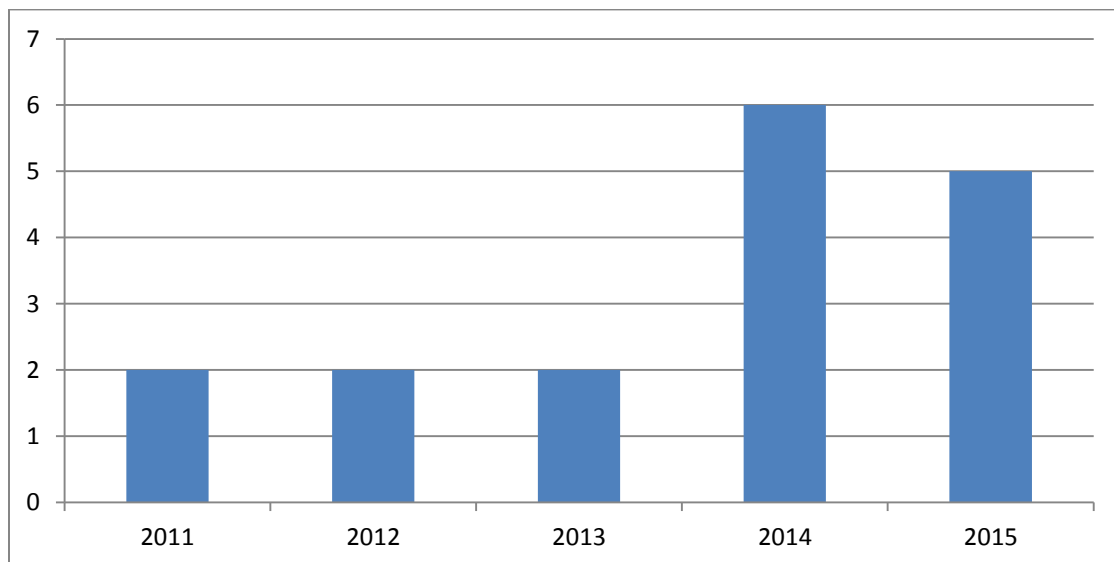
There has been a large increase in the number of staff associated with this service in the past two years. According to Health, three positions were transferred over from Senior Centers going into Fiscal 2014. The department decided that these positions were administrative in nature and should be under this service.

The Department of Health does not track this service's performance.

Service 723 – Advocacy and Supportive Care for Seniors

Overview of Programs

1. <u>Senior Care</u>:
   a. **Eligibility:**
      i. 65+
      ii. Lives at home and at-risk of institutional services
      iii. City resident
      iv. 60% of median income or below
   b. **Funding:** State grant, operated directly by staff; all services are contracted out. This is a formula-based grant. (FY 2015 - $1,427,511)
   c. **Services:** Provides support services to maintain persons in their homes. Short term program with a waiting list of 1-1.5 years that provides :
      i. 6 hrs./week of personal care
      ii. 3 hrs./week of chore services
      iii. 7 days per month of medical adult day care service
      iv. Medical supplies (diapers, gloves, wipes, etc.)
      v. $200/month for prescriptions
      vi. Access to emergency response system
      vii. Case management
   d. **Service Statistics:** Below are some statistics related to this program.
      i. Number of clients served: 2011 – 730; 2012 – 680; 2013 – 754; 2014 – 763
      ii. The average number of people on the wait list: 325-350
      iii. There are six staff personnel and no contract personnel within this program
   e. **Miscellaneous:** According to the department, there is no risk of losing funding for this program as it is a mandated activity.
   f. **Division:** This program is run by the Advocacy Division.

2. <u>State Health Insurance Program (SHIP)</u>:
   a. **Eligibility:** 65+ or disabled.
   b. **Funding:** Federal grants. This is a formula-based grant. (FY 2015 - $89,658 appropriated)
   c. **Services:**
      i. Individualized counseling
      ii. Assistance with Medicare and Medicare Part D enrollment applications, Medicare Advantage information and rules pertaining to benefits
      iii. Community education and assistance during open enrollment is a key component of this program

    d. **Miscellaneous:** According to the department, there is no risk of losing funding for this program. However, the amount of funding can change based on performance. There is no wait list for this program.

    e. **Division:** This program is run by the Advocacy Division.

3. Senior Medicare Patrol:

    a. **Eligibility:** 65+ and the disabled, caregiver referral included. 90% of SHIP beneficiaries are required to receive this education.

    b. **Funding:** Federally funded. (FY 2015 - $17,761)

    c. **Services:** Provides education and counseling to Medicare beneficiaries to help with detecting, preventing, and reporting Medicare financial abuse and fraud (both fraud by beneficiaries and providers). It works in conjunction with State and national fraud control/consumer protection entities to resolve beneficiaries' complaints.

    d. **Miscellaneous:** According to the department, there is no risk of losing funding for this program. There is no wait list for this program.

    e. **Division:** This program is run by the Advocacy Division.

4. Long term care Ombudsman program:

    a. **Eligibility:** unknown.

    b. **Funding:** Federally funded under Titles III and VII of Older Americans Act and other State and local sources. This is a formula-based grant. (FY 2015 - $86,671)

    c. **Services:** This program investigates and resolves complaints having to do with people living in either nursing homes or assisted living facilities. Ombudsmen work for residents' rights, and they educate both residents and their family members about the system of long term care.

    d. **Miscellaneous:** According to the department, there is no risk of losing funding for this program. In addition, we were told there is no wait list for this program.

    e. **Division:** This program is run by the Advocacy Division.

5. Medicaid Waiver:

    a. **Eligibility:**
        i. Must be over 50 years old or a person with a disability
        ii. Monthly income <$2,022 and assets <$2,000-2,500, depending on eligibility criteria
        iii. Qualify for nursing home level of care.

    b. **Funding:** Medicaid, Social Security Act Title XIX. (FY 2015 - $1,105,355 appropriated)

    c. **Services:**
        i. Personal care, respite care, senior center plus, personal emergency response, extended home health care, environmental assessment/modifications, home delivered meals, assisted living services, family/consumer training, dietician/nutritionist, assistive devices, behavior consultations
        ii. Additional Medicaid services: Medicaid Acute, Primary and Preventive services, transportation (via local health department), durable medical equipment, home health care, medical day care, disposable medical supplies

iii. <u>Approved Waiver Providers:</u> Licensed assisted living facilities, residential service agencies, meal delivery services, medical day care centers, respite care providers, environmental adaptation, congregate housing providers, senior center plus centers, home health agencies, local health department, local department of social services, personal emergency response, dieticians/nutritionists, personal care providers

d. **Miscellaneous:** According to the department, there is no risk of losing funding for this program since it is not a grant program. Funds for this program come through the individuals eligible for Medicaid reimbursement. In addition, we were told there is a wait list for people living in the community, but there is no wait list for nursing home residents transitioning to the community.

e. **Division:** This program is run by the Client Services Division.

6. <u>Money Follows the Person (MFP):</u>
   a. **Eligibility:** Must be over 18 years old; must meet the same income and asset criteria outlined above for the Medicaid Waiver Program.
   b. **Funding:** Medicaid, Social Security Act Title XIX. (FY 2015 - $131,557 appropriated)
   c. **Services:** This program is designed to assist people who are currently living in nursing homes to transition back into their communities by providing them supportive services to do so. In 2012 there were 56 people who took part in this program, in 2013 there were 59, and in 2014 there were 34.
   d. **Miscellaneous:** As is the case with the Medicaid Waiver above, the department says there is no risk of losing funding for this program since it is not a grant program. Funds for this program come through the individuals eligible for Medicaid reimbursement. In addition, we were told there is a wait list for people living in the community, but there is no wait list for nursing home residents transitioning to the community.
   e. **Division:** This program is run by the Client Services Division.

7. <u>Maryland Access Point (MAP):</u>
   a. **Eligibility:** Older adults and the disabled.
   b. **Funding:** Federally funded. This is a formula-based grant. (FY 2015 - $191,889)
   c. **Services:** Intended to be the gateway for all services offered to older adults and the disabled. It operates a toll free 1-844 number that can be accessed by anyone, including caregivers.
   d. **Miscellaneous:** According to the department, there is no risk of losing funding for this program. There is no wait list for this program.
   e. **Division:** This program is run by the Advocacy Division.

Funding and Staff

Below are charts displaying the history of expenditures on this service and the number of staff assigned to this service since Fiscal 2011. The 2015 figures are budgeted.

Chart 11: Service 723 Spending – 2011 through 2015

	2011	2012	2013	2014	2015
■ Special	$2,558			$7,499	
■ State	$2,146,580	$3,802,660	$2,442,242	$2,611,721	$2,052,941
■ Federal	$108,993	$68,763	$90,316	$196,849	$176,329
■ General	$58,323	$77,775	$91,478	$80,878	$96,852
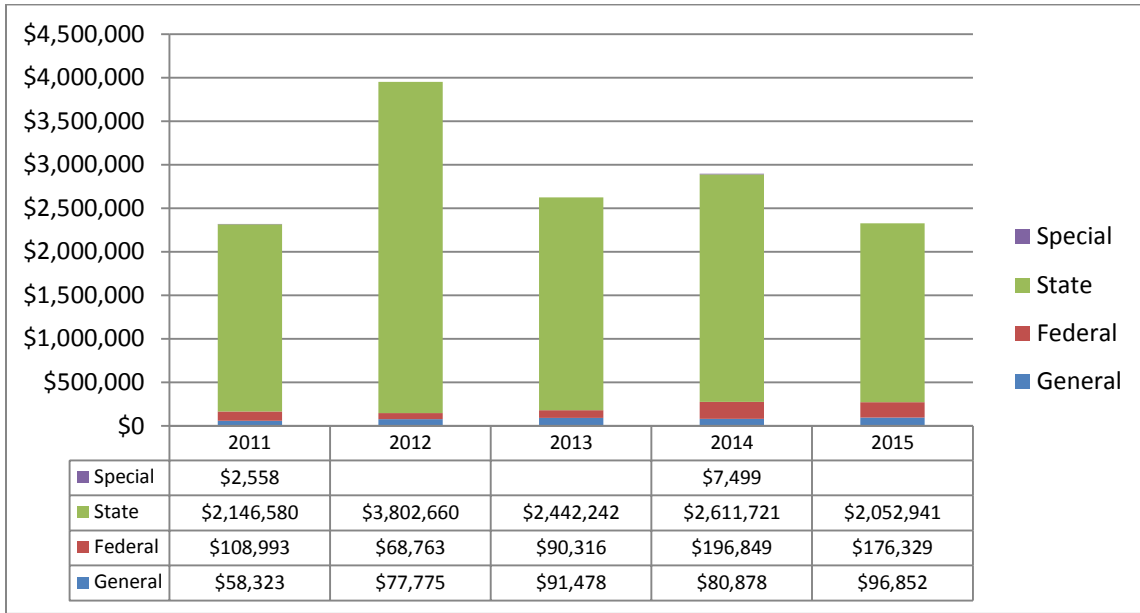
This service receives almost all of its funding from the State government. With the exception of Fiscal 2012, this funding has remained relatively consistent over the past five years. The service has received small amounts of both federal and general funding each year, and in Fiscals 2011 and 2014 it received small amounts of special funds.

Chart 12: Service 723 Staff – 2011 through 2015
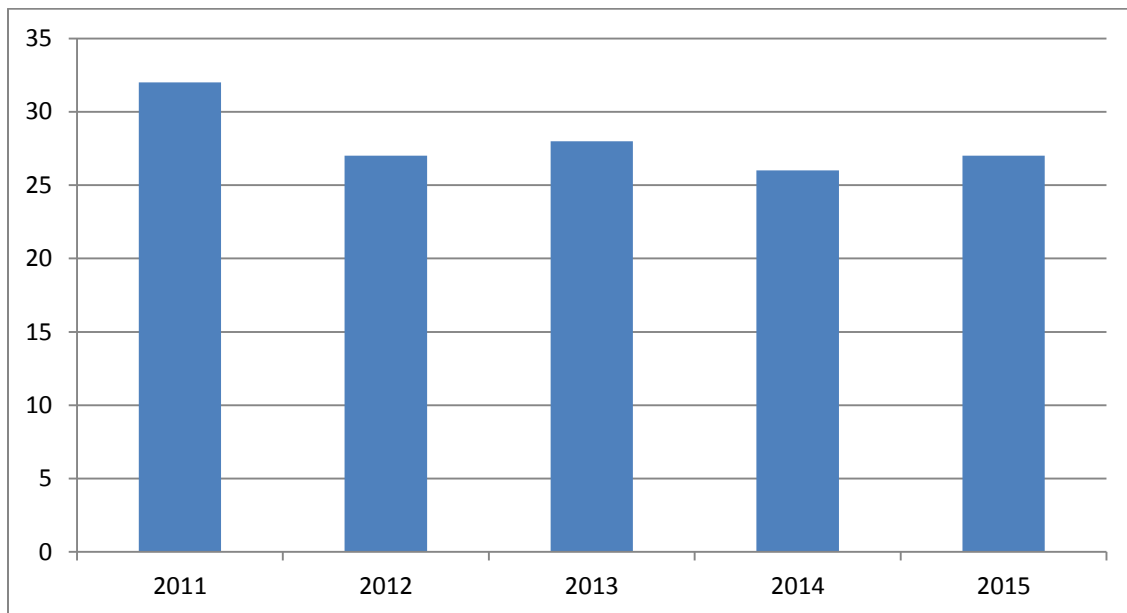
The staffing for this service has been consistent over the past five years.

Performance Measurement

Below is a table showing the Outcome Budgeting performance measures for service 723.

Table 13: Service 723 – Advocacy and Supportive Care for Seniors Outcome Budgeting Performance Measures

Type	Measure	2012 Target	2012 Actual	2013 Target	2013 Actual	2014 Target	2014 Actual	2015 Target
Output	# of persons entering CARE services through Senior Information and Assistance Program	NA	16,405	27,748	20,464	30,000	23,997	45,000
Output	# of applicants for Medicaid Waiver and Money Follows the Person Initiative	NA	167	NA	168	160	160	165
Effectiveness	% of complaints received by the Long Term care Ombudsman Program responded to within the specified time frame (5 days for non-emergency complaints, 24 hours for emergency complaints)	NA	98.1%	98%	98.5%	98%	98.6%	98%
Outcome	% of nursing home residents who transition back into the community via Medicaid Waiver and/or the Money Follows the Person Initiative within 6 months of application	NA	31.1%	25%	35%	25%	17%	25%
Outcome	% of Senior Care Program clients unenrolled from the program due to institutional placements	NA	N/A	<2.5%	1.1%	<2.5%	2.4%	<2.0%

As was the case with Health Services for the Aging, the metrics being reported here as part of the budgeting process exclude some of the programs that are part of this service. For example, the agency is not reporting

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any measures for the State Health Insurance Program, Maryland Access Point, or Senior Medicare Patrol through Outcome Budgeting.

This is a problem because the Outcome Budgeting measures are meant to help the City determine what programs are working well and which are not working well. This system helps the City make decisions about what programs to fund aggressively and which not to fund. If the Department is not reporting on entire programs within a service as part of this budget process, decisions being made about the funding for this service area will be lacking important information.

The Health Department has told us it does, however, track an extensive number of variables on the programs within this service outside of the Outcome Budgeting system. These measures, and the results for these, can be seen in the table below.

Table 14: Additional Performance Measures - Service 723

Program	Measure	2011	2012	2013	2014
Senior Care	# of persons receiving assistive services	30,222	28,883	27,532	34,897
State Health Insurance Program (SHIP)	# of individual client contacts	2,519	2,533	1,916	1,945
	# of contacts in person	777	327	225	1,745
	# of contacts by telephone	1,742	2,206	1,691	200
	# of attendees at educational events	6,834	1,200	270	270
	# of client counseling hours	1,643	1,459	627	627
	# of public educational events	40	60	20	24
	# of outreach events	10	12	24	24
	# of counselors	9	11	12	9
	# of staff	1	1	2	2
	# of volunteers	8	10	10	7
	# of volunteer training sessions	4	4	5	6
Senior Medicare Patrol (SMP)	# of one-on-one counseling sessions	1,159	1,165	881	900
	# of group education sessions	40	60	20	24
	# of simple inquiries	126	113	86	95
	# of complex inquiries	5	0	0	5
	# of active volunteers	8	10	10	7
	# of volunteer training hours	0	0	12	72
	# of volunteer work hours	318	225	154	784
	# of community outreach education events	10	12	24	24
Long-Term Care	# and % of nursing homes visited quarterly	32, 100%	32, 100%	33, 100%	32, 100%

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Program	Measure	2011	2012	2013	2014
Ombudsman Program					
	# and % of assisted living facilities visited quarterly	311, 4%	322, 4%	373, 4%	373, 4%
	# of cases closed	260	155	160	170
	# of complaints closed	960	350	345	360
	# of volunteers	6	2	4	6
	# of training sessions for facility staff	1	1	2	2
	# of consults to facilities	120	65	79	81
	# of information and consults to individuals	580	473	204	300
	# of surveys involved in	21	23	25	25
	# of sessions with resident councils	9	4	14	7
	# of sessions with family councils	7	0	3	8
	# of community education sessions	7	2	4	3
	# of 1-3 bed assisted living facilities	126	125	142	138
	# of 4-16 bed assisted living facilities	173	186	220	221
	# of 17+ bed assisted living facilities	12	11	11	14
Maryland Access Point (MAP) / Information & Assistance Program	# of information units of service provided	88,862	146,250	128,069	130,630
	# of assistance units of service provided	33,415	32,910	41,398	42,226
	# of options counseling units of service provided	0	0	100	945
	# of referrals units of service provided	2,389	4,348	7,082	7,224
	# of follow-up units of service provided	4,594	4,144	4,934	5,033
	# of unduplicated people serviced	15,990	18,084	21,906	22,344
	# of outreach units via television, radio, newsletters, brochures, posters, speaking engagements, and community events	9,500 est.	9,800 est.	10,046	10,352
	# of people served with limited English proficiency (Korean, Russian and Hispanic)	2,100	2,100	2,100	2,100
	# of persons entering CARE services through Senior Information and Assistance Program	15,990	18,084	21,906	22,344
Medicaid Waiver & Money	# of reportable events among Medicaid Waiver/MFP community residents that result in ER visits,	Not tracked	Not tracked	303	230

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Program	Measure	2011	2012	2013	2014
Follows the Person (MFP)	hospitalizations, deaths, or other outcomes - assisted living facilities				
	# of reportable events among Medicaid Waiver/MFP community residents that result in ER visits, hospitalizations, deaths, or other outcomes - private homes / apartments	Not tracked	Not tracked	343	430
	# of assisted living facilities in service area	Missing	Missing	Missing	Missing
	# of enrolled participants as of 6/30/12	N/A	N/A	704	N/A
	# of enrolled participants as of 6/30/13	N/A	N/A	706	N/A
	# of long-term care Medicaid nursing home residents who applied between 7/1/12 – 6/30/13	N/A	N/A	165	N/A
	# of long-term care Medicaid nursing home applicants enrolled between 7/1/12 – 6/30/13	N/A	N/A	33	N/A
	# of participants unenrolled between 7/1/12 – 6/30/13	N/A	N/A	0	N/A
	# of participants in assisted living facilities	257	278	277	288
	# of participants living in-home	409	426	429	415
	# of applicants for Medicaid Waiver and Money Follows the Person Initiative	213	177	168	160

Though the Health Department is collecting a significant amount of information on most programs within Service 723, the exception is the Senior Care program, for which the department is collecting very little information.

Below is a program by program accounting of how the Health Department indicates it collects this information.

- Senior Care – The department collects data on the number of clients, the number of clients moving into institutions, etc. manually.
- SHIP – The department collects this information manually.
- Senior Medicare Patrol – The department collects this data manually during the intake process and uploads it to the website smartfacts.org.
- Long-Term Care Ombudsman – The department collects this data electronically during intake. It imports this data daily or weekly into the web-based National Ombudsman Reporting System.
- Maryland Access Point – The department collects this data electronically via the AIM system.
- Medicaid Waiver – The department collects this data through both manual and electronic means.
- Money Follows the Person – Same as Medicaid Waiver.

Service 724 – Assistive and Directive Care for Seniors

Overview of Programs

1. <u>Public Guardianship:</u>
    a. **Eligibility:**
        i. 65+
        ii. Be deemed by the Baltimore City Circuit Court to be unable to make or communicate responsible decisions concerning his/her daily living needs
        iii. For participants who are under 65, the Department of Social Services serves as guardian
    b. **Funding:** The Department of Health receives money from both the State and the federal government for this program; State funding has recently been cut due to a population adjustment in the census. This is a formula-based grant. (FY 2015 - $307,166)
    c. **Services:** Provides protection and advocacy on behalf of older adults through direct staff case management ("life management" where they live) provided by guardianship specialists. Specifically, guardians will:
        i. Decide where the person will live
        ii. Provide for the care, comfort, education, social and recreational needs
        iii. Care for the clothing, furniture, vehicles and other personal effects
        iv. Manage the funds of the person
        v. Request funds for the person's care and needs from the guardian of the property; and
        vi. Consent to or withhold consent to medical care, including admission to a hospital or nursing home
    d. **Miscellaneous:** According to the department, there is no risk of losing funding for this program as it is a mandated service.
    e. **Division:** This program is run by the Client Services Division.

2. <u>Housing Services & Intervention:</u>
    a. **Eligibility:** age >62 and must be homeless or near homeless.
    b. **Funding:** General funds. (FY 2015 - $96,852)
    c. **Services:**
        i. Provides housing interventions to prevent evictions
        ii. Locates alternate housing options
        iii. Provides assistance with utilities, taxes and landlord issues
        iv. Services also include assessments, placements, referrals and resource linkages
    d. **Division:** This program is run by the Client Services Division.

3. <u>Senior Assisted Living Group Home Subsidy Program (SALGHS):</u>
    a. **Eligibility:** Someone benefiting from this program must:
        i. Be at least 62 years old
        ii. Reside in or have been approved for admission to a participating assisted living facility;
        iii. Be physically or mentally impaired and in need of assistance with the activities of daily living provided in an assisted living facility

   iv. Be financially eligible. A person's net monthly income cannot exceed 60% of the state median income ($11,000 for an individual, $14,000 for a couple)

   v. All applicants are referred to AERS for an evaluation

 b. **Funding:** Formula-based State grant. (FY 2015 - $195,837)

 c. **Services:**

   i. Provides subsidies on behalf of eligible elderly residents of assisted living facilities that are licensed for 4-16 beds by the Department of Health and Mental Hygiene

   ii. The subsidy is designed to cover the difference between the net monthly income and the approved monthly assisted living fee

   iii. The maximum subsidy amount is $650, paid directly to the provider

   iv. There is also a personal allowance of $60 of their monthly income

 d. **Miscellaneous:** According to the department, there is no risk of losing funding for this program as it is a mandated activity. In addition, we were told there is a wait list for this program.

 e. **Division:** This program is run by the Client Services Division.

4. <u>Taxi Card Program:</u>

 a. **Eligibility:** People must be:

   i. 60+ and/or disabled

   ii. Live in the City.

 b. **Funding:**

   i. Funding is from a grant from MTA's Statewide Special Transportation Assistance Program (SSTAP), matching funds from the City Office of Aging, and contributions from beneficiaries

   ii. Beneficiary contributions are means tested (Payment Code "L" is for those with monthly incomes <$900 and Payment Code "M" is for incomes in excess of $900/month)

   iii. Beneficiaries (or their relatives) are also able to add money of their own onto the card, which many participants do

   iv. In FY 2014, $283,855 was set aside in the budget for subsidies. Partly because of voluntary contributions and primarily because of $34,296 in returned subsidies (because beneficiaries died, left the program or moved away from Baltimore City, etc.) the Taxi Card Program actually ran a subsidy surplus of $28,971. This money was earmarked to be spent in future years on bonus subsidies for beneficiaries

   v. FY 2015 - $386,922 appropriated)

 c. **Services:**

   i. Coordinated and managed by MJM Innovations, Inc.

   ii. Provides subsidized transportation that can be used with participating taxi companies to pay for all or a portion of any taxi cab trip

   iii. Also provides pick up and drop off in emergency situations (decided on a case by case basis) and contracted transportation services to three senior center programs (Maturity, Oliver and Sandtown/Winchester)

 d. **Miscellaneous:** According to the department, there is a risk of losing funding for this program based on performance. In addition, we were told there is no wait list for this program.

e. **Division:** This program is run by the Community Services Division.

5. <u>Home Delivered Meals</u>
    a. **Eligibility:** People must be:
        i. 60+ or
        ii. disabled
    b. **Funding:** Federal funding through the Older Americans Act. (FY 2015 - $747,316 appropriated)
    c. **Services:** The Health Department contracts with Meals on Wheels of Central Maryland to provide meals to seniors in their homes. This program has recently served close to 600 unique individuals during the year.
    d. **Miscellaneous:** According to the department, there is no risk of losing funding for this program, though performance can affect the amount of money the City receives. In addition, we were told there is a wait list for this program. We were told that as of the writing of the report there were 55 people on the wait list. Though wait list numbers certainly vary over time, this provides at least a hint of the magnitude of the wait list.
    e. **Division:** This program is run by the Community Services Division.

6. <u>Eating Together in Baltimore</u>
    a. **Eligibility:** People must be 60+. There are no income or asset restrictions, though preference is given to people with great need or at risk of being placed in an institution.
    b. **Funding:** Federal funding through the Older Americans Act. (FY 2015 - $292,453 appropriated)
    c. **Services:** The department contracts with MJM Innovations to manage this program. Meals are provided in many different settings, including senior and community centers. In Fiscal 2014, this program provided 212,000 meals.
    d. **Miscellaneous:** According to the department, there is no risk of losing funding for this program, though performance can affect the amount of money the City receives. In addition, we were told meals are served on a first come first served basis.
    e. **Division:** This program is run by the Community Services Division.

7. <u>Legal Services</u>
    a. **Eligibility:** People must be 60+.
    b.   **Funding:** Most of the funding for this is from State and federally mandated grants. (FY 2015 - $19,038 (VEPI grant)) + additional funds embedded within other grant programs
    c. **Services:** The department has partnered with the Baltimore Bar Association to provide this service. Seniors needing legal assistance are provided this pro bono by Bar Association lawyers. Services offered include help with wills, eviction, foreclosure, and reverse mortgages.
    d. **Miscellaneous:** According to the department, there is no risk of losing funding for this program, though performance can affect the amount of money the City receives. In addition, we were told there is no wait list for this program.
    e. **Division:** This program is run by the Community Services Division.

Funding and Staff

Below are charts displaying the history of expenditures on this service and the number of staff assigned to this service since Fiscal 2011. The 2015 figures are budgeted.

Chart 13: Service 724 Spending – 2011 through 2015

	2011	2012	2013	2014	2015
■ Motor Vehicle	$169,302	$223,889			
■ Special		$442,804	$314,383	$305,785	$292,453
■ State	$643,545	$848,950	$485,388	$285,754	$1,749,521
■ Federal	$956,430	$2,161,958	$1,279,209	$610,034	$964,223
■ General			$307,801	$400,342	$226,916
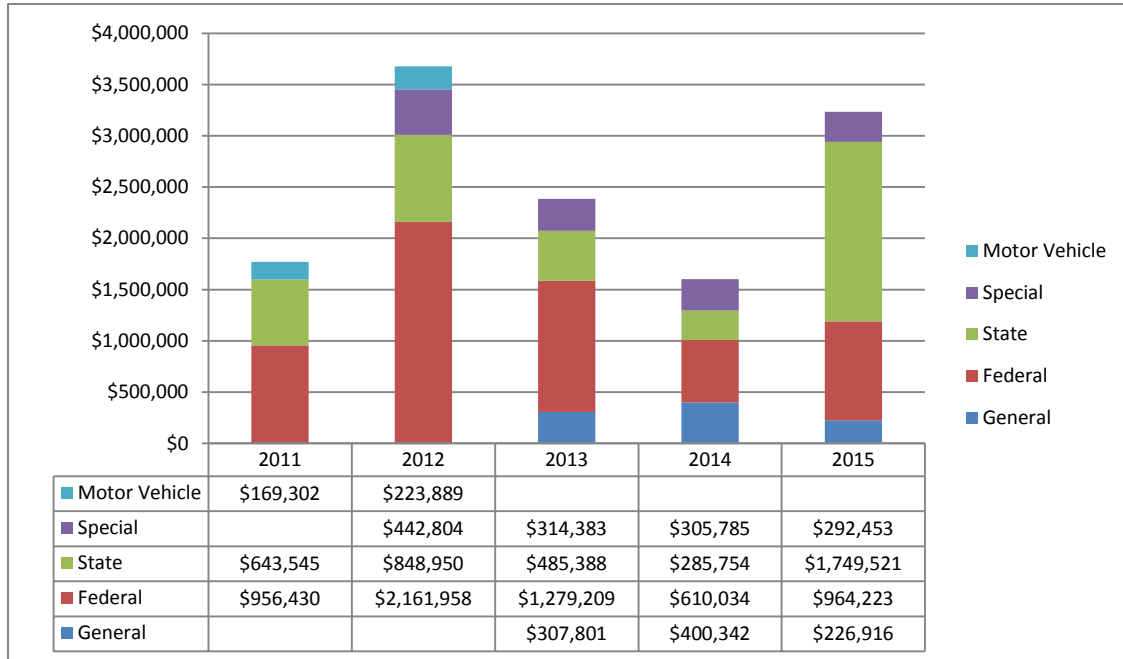
This service receives funding from more sources than do any of the Department of Health senior services. Through 2012, this service received Motor Vehicle funds. In 2013 the Motor Vehicle Revenue Fund was merged into the General Fund. This source of funding has remained relatively stable in recent years. The special funds this service receives have also remained consistent. The State and federal funds it receives, however, have been volatile in recent years. The State funds have ranged between $285,754 and $848,950, excluding the 2015 budgeted funds. The federal funds have ranged from $610,034 to $2,161,958.

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Chart 14: Service 724 Staff – 2011 through 2015
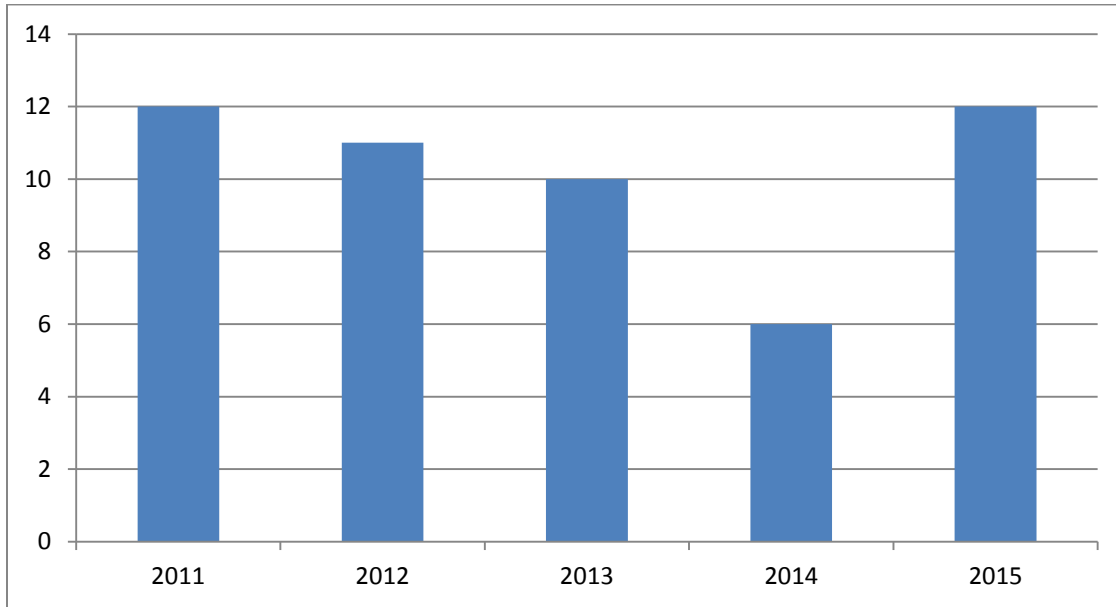
The staff level for this service has dropped off each year between 2011 and 2014. We have asked the department to describe any effects on this service from the reduced funding and staff in recent years, and we were told one key effect has been a reduction of meals provided through the Meals on Wheels program. Staffing is scheduled to return to its 2011 level in 2015. We have also spoken to the department about why funding and staff were projected to go up so dramatically in Fiscal 2015. We have been unable to get a response.

Looking at recent years, the Department of Health has shown a tendency to be overly optimistic regarding its grant funding. In Fiscal 2011 it budgeted $3.4 million for Service 724 but received only $1.8 million in grant awards. In Fiscal 2012 it budgeted $3.9 million and received $3.7 million. In Fiscal 2013, it budgeted $3.7 million and received $2.4 million. And in Fiscal 2014 the budget was $3.1 million while the actual was $1.6 million. Without proper controls in place, over-budgeting can result in actual spending exceeding the grant amount. The City currently has a $62 million grant deficit, a portion of which is attributable to overspending by CARE before it was merged into the Health Department due to similar problems across numerous agencies.

Performance Measurement

Below is a table showing the Outcome Budgeting performance measures for service 724.

Table 15: Service 724 – Assistive and Directive Care for Seniors Outcome Budgeting Performance Measures

Type	Measure	2012 Target	2012 Actual	2013 Target	2013 Actual	2014 Target	2014 Actual	2015 Target
Output	# of persons receiving assistive services	22,700	15,990	22,700	21,906	22,700		25,500
Output	# of persons receiving homebound	520	559	640	570	550	464	550

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Type	Measure	2012 Target	2012 Actual	2013 Target	2013 Actual	2014 Target	2014 Actual	2015 Target
	meals							
Efficiency	Unit cost per service	$32	$32	$32	$35	$35	NA	$35
Effectiveness	% of avoided inappropriate guardianship appointments	NA	67.1%	66%	56%	50%	64.5%	58%

As was the case with previous services discussed, there are programs in Service 724 for which there are few measures being tracked as part of Outcome Budgeting. The first output measure and the efficiency measure listed above seem to cover all the programs within 724. But since these programs are all aggregated together one cannot tell how each program is doing by itself. The second output measure relates to home delivered meals, and the effectiveness measure relates to Public Guardianship. There are no meaningful measures within the Outcome Budgeting construct for Housing Services and Intervention, SALGHS, the Taxi Card Program, Eating Together in Baltimore, or Legal Services.

We are also concerned with the effectiveness measure. The measure is not clearly stated. It appears to mean the number of all potential inappropriate guardianship appointments that are avoided as a percentage of all actual guardianship appointments. According to the department, an inappropriate guardianship can be one in which:

- A family member should have been appointed as a guardian rather than the State or the City of Baltimore
- Only a guardian of the property is needed
- A linkage to mental health services is needed, not a guardian
- An untreated diagnosis of some type was mimicking the symptoms of dementia, and it was perceived dementia that brought about the guardianship
- A different jurisdiction than that appointed guardian should have been appointed guardian

This is a difficult measure to get at with any accuracy. Can the agency really be sure it has accurately tracked the number of inappropriate guardianship appointments that have been avoided (given that these appointments have not actually happened)? We recommend that the Health Department state this measure more clearly and establish how the department can reliably track it, or develop a measure of the outcomes for clients under City guardianship. The department has told us this measurement is meaningful to them because it only has enough funding to manage a limited number of guardianships, and it wants to make sure it does not establish more than that number of guardianships.

In addition to the Outcome Budgeting measures, the Health Department collects information on the programs it operates within Service 724. It collects significant data on Public Guardianship, Eating Together in Baltimore, Home Delivered Meals, and the Legal Assistance Program. It collect minimal data on Housing Services and Intervention, SALGHS, and the Taxi Card program.

We have only been able to obtain complete information on additional performance measures for Fiscal 2014, and some partial information for Fiscals 2011 through 2013, despite our repeated efforts to obtain more.

Table 16: Additional Performance Measures - Service 724

Program	Measure	2011	2012	2013	2014
Public Guardianship	# of avoided inappropriate guardianship appointments	Missing	146	105	120
	# of sessions offered on alternatives to guardianship, surrogate decision-making, advanced directives, and powers of attorney	Missing	Missing	Missing	2
	# of individuals attending education/training sessions	Missing	Missing	Missing	8
	# of face-to-face contacts with guardianship clients	Missing	Missing	Missing	3,000
	# of guardianship cases	Missing	294	282	260
	# of guardianship cases closed	Missing	55	76	65
	# of medical or psychiatric consults	Missing	132	130	135
Housing Services & Intervention	-	Missing	Missing	Missing	Missing
Senior Assisted Living Group Home Subsidy Program (SALGHS)	# of assisted living residents receiving a group senior assisted living subsidy	Missing	Missing	25	Missing
	# of applicants on the SALGHS waiting list for a subsidy	Missing	Missing	3	Missing
Taxi Card Program	# of rides provided	Missing	Missing	Missing	Missing
	# of taxi card riders	Missing	Missing	Missing	Missing
Eating Together in Baltimore (Congregate Meals)	# of meals served annually	Missing	Missing	Missing	212,000
	average donation per meal served from participants	Missing	Missing	Missing	$0.84
	contract price or cost per meal	Missing	Missing	Missing	$4.05
	# of volunteers	Missing	Missing	Missing	184
	# of nutrition education units provided	Missing	Missing	Missing	42,750
	# of annual nutrition education programs	Missing	Missing	Missing	650
	# of eligible persons on waiting list for services	Missing	Missing	Missing	125
	# of staff monitoring visits per home-delivered meal provider	Missing	Missing	Missing	1
	# of nutrition sites	Missing	Missing	Missing	51
	# of congregate meal providers	Missing	Missing	Missing	6
Home Delivered	# of meals served annually	Missing	Missing	Missing	179,174

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Program	Measure	2011	2012	2013	2014
Meals (Meals on Wheels)					
	average donation per meal served from participants	Missing	Missing	Missing	$0.29
	contract price or cost per meal	Missing	Missing	Missing	$6.10
	# of volunteers	Missing	Missing	341	320
	# of nutrition education units provided	Missing	Missing	Missing	1,280
	# of eligible persons on waiting list for services	Missing	Missing	Missing	150
	# of staff monitoring visits to each nutrition site	Missing	Missing	Missing	1
	# of annual nutrition education programs for congregate participants	Missing	Missing	Missing	1,280
	# of home-delivered meal providers	Missing	Missing	Missing	1
	# of assessments performed per home delivered participant annually	Missing	Missing	Missing	570
Legal Assistance Program	# of seniors attending community legal education events	Missing	Missing	Missing	780
	# of professional staff attending community legal education events	Missing	Missing	Missing	0
	# of community legal education events provided by legal service program	Missing	Missing	Missing	780
	# of community legal education events provided at senior centers	Missing	Missing	Missing	500
	# of referrals to the Sixty Plus Legal Programs (or other pro bono or reduced fee programs) for: simple wills, powers of attorney, living wills, simple deed changes or small estates ($30,000 or less).	Missing	Missing	Missing	160

Below is an account of how the Department of Health has indicated it collects this information.

- Public Guardianship – The department collects this information manually.
- Housing Services and Intervention – The Department of Health did not provide any information on how it collects information for this program.
- SALGHS – The department collects this data through a combination of manual and electronic methods.
- Taxi Card Program – The Department relies on the contractor that runs this program, MJM, to track the usage of the program.
- Home Delivered Meals - The department contracts with Meals on Wheels of Central Maryland to administer this program. This organization provides quarterly reports to the department regarding the number of unduplicated persons served and the number of meals served.
- Eating Together in Baltimore – According to the department, this program "utilizes a touch screen data collection system. Participants log in with their electronic swipe card and enter their activities per day. This information is then uploaded to the department's AIM data base and reported to the Maryland Department of Aging which then sends it to the Administration on Aging for national reporting."

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- Legal Services - The Department of Health did not provide any information on how it collects information for this program.

Service 725 – Senior Education

Overview of Programs

1. Family Caregivers Program:
   a. **Eligibility:** Only requirement is taking care of a loved one or neighbor. The subsidy element of this program is only for those 60+.
   b. **Funding:** Federal Older Americans Act Title 3E funding. (FY 2015 - $457,432 appropriated)
   c. **Services:**
      i. Provides information, assistance, respite and supplemental services to those caring for someone older than 60, or to grandparents (older than 55) raising grandchildren under 18 years of age;
      ii. Subsidy is for $300 per year for activities designed to prevent institutionalization (receipts, background checks and aggressive verification procedures employed);
      iii. Free caregiver training classes are offered on a monthly basis, as well as grandparent support groups in the community and some schools;
      iv. This program also includes Office of Health Services Grants that support subsidized ADC placements at local adult day care programs.
   d. **Miscellaneous:** According to the department, there is no risk of losing funding for this program, as it is federally mandated. In addition, we were told there is no wait list for this program.
   e. **Division:** This program is run by the Community Services Division.

2. Health Promotion:
   a. **Eligibility:** must be 60+ or disabled.
   b. **Funding:** Federal Older Americans Act Title 3D funding. (FY 2015 - $39,394)
   c. **Services:**
      i. Chronic Disease Self-Management Program (CDSMP) is a six week, 2.5 hour workshop offered in community settings—like senior centers, churches, libraries and hospitals—that offers tools and information to help people manage their chronic illnesses. Workshops are facilitated by two trained leaders (nursing students/staff or other individuals who have been CDSMP certified). Each participant receives a copy of *Living a Healthy Life With Chronic Conditions, 4 ed.* and an audio relaxation CD called *Relaxation for Mind and Body*;
      ii. Diabetes Self-Management (DSMP) is a seminar of identical format to CDSMP that provides education to type-2 diabetes sufferers about dealing with symptoms such as fatigue, pain and emotional issues, healthy eating, appropriate use of medications and working effectively with healthcare providers.
   d. **Miscellaneous:** According to the department, there is a risk of losing funding for this program. In addition, we were told there is no wait list for this program.

e. **Division:** This program is run by the Community Services Division.

Funding and Staff

Below are charts displaying the history of expenditures on this service and the number of staff assigned to this service since Fiscal 2011. The 2015 figures are budgeted.

Chart 15: Service 725 Spending – 2011 through 2015

	2011	2012	2013	2014	2015
■ State	$211,622	$378,781	$267,080	$126,728	$190,922
■ Federal	$391,565	$705,280	$645,073	$525,400	$514,587
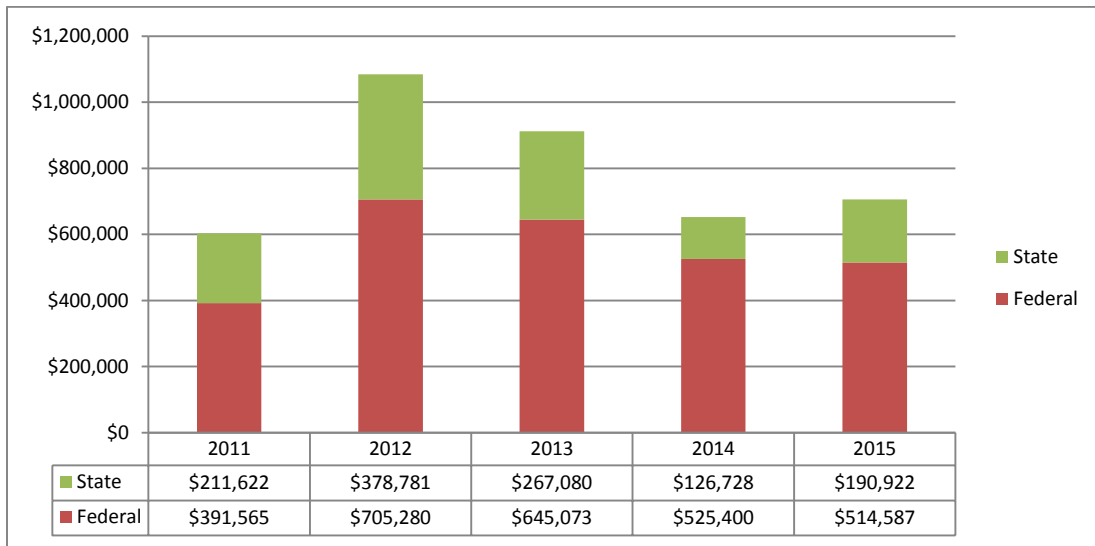
The federal government provides most of the funding for this service, with the State providing the rest. Funding from both sources has been variable in recent years, with a large drop between 2012 and 2014. According to the Health Department, this has "limited the number of educational related activities at most if not all of the centers," though the department was not able to definitively quantify the performance impact of these cuts.

Chart 16: Service 725 Staff – 2011 through 2015
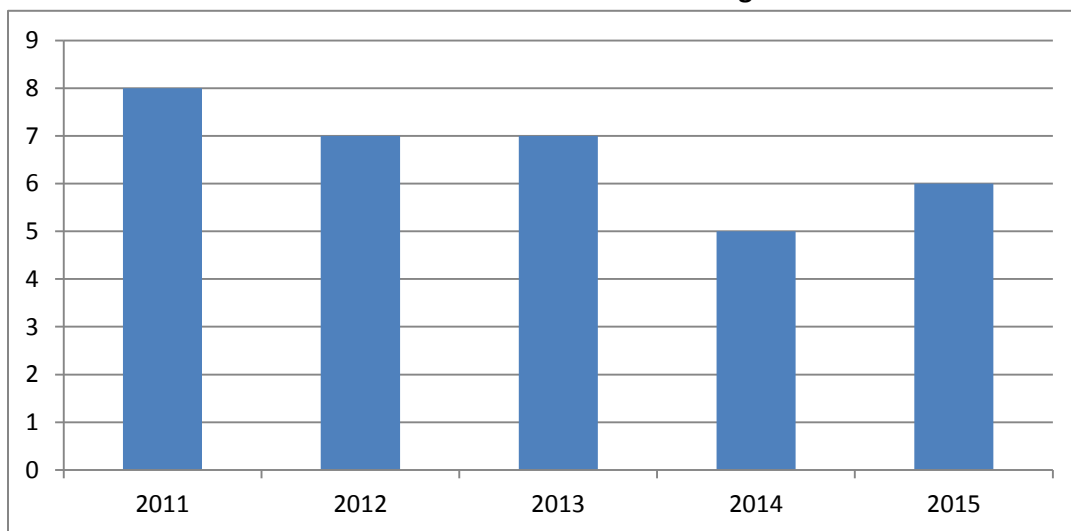
Staffing has dropped by 25% since Fiscal 2011.

Performance Measurement

Below is a table showing the Outcome Budgeting performance measures for service 725.

Table 17: Service 725 – Senior Education Outcome Budgeting Performance Measures

Type	Measure	2012 Target	2012 Actual	2013 Target	2013 Actual	2014 Target	2014 Actual	2015 Target
Output	Units of education (a single session for any single activity)provided to older adults	96,843	106,001	96,000	101,452	106,001	139,086	106,001
Efficiency	Expenditure per individual receiving education and training	$1.82	$1.64	$1.82	$1.72	$1.64	$2.66	$1.64
Effectiveness	% of enrolled seniors satisfied with services	98%	95%	98%	95%	95%	100%	95%
Outcome	% of Baltimore seniors accessing senior center services	45%	45%	45%	45%	45%	50%	45%

One concern we have with these Outcome Budgeting measures is that the Effectiveness and Outcome data for 2012 and 2013 are the same. Having identical actuals for two years in a row makes us question how accurately these variables are being measured.

Another issue is the fact that the Outcome measure listed here is the same as the Outcome measure for the service Senior Centers. It is not clear why the Health Department would want to track a Senior Center measure under this service.

Other concerns are as follows:

- The effectiveness measure is too general, given that it is not clear how the department is measuring people's satisfaction with services;
- The measure, "% of Baltimore seniors accessing senior center services" is not an outcome measure, because it does not tell us whether the center made a difference in seniors' lives.

For additional performance measures, Health provided complete information for Fiscal 2014 and only partial information for Fiscal 2013. It provided no information for Fiscals 2011 and 2012.

Table 18: Additional Performance Measures - Service 725

Program	Measure	2011	2012	2013	2014

Family Caregivers Program	# of units of service for family caregivers of the elderly via:
	   1. education/training/support;
	   2. respite care;
	   3. supplemental services;
	   4. access assistance; and
	   5. information services
		Missing	Missing	Missing	1. 508
					2. 30
					3. 200
					4. 2,430
					5. 3,201
					Total = 6,369

	# of family caregivers of the elderly served via:
	   1. education/training/support;
	   2. respite care;
	   3. supplemental services;
	   4. access assistance; and
	   5. information services
		Missing	Missing	Missing	1. 1,868
					2. 9
					3. 200
					4. 1,962
					5. 4,122
					Total = 8,247

	# of providers for family caregivers of the elderly services, for each service category:
	   1. education/training/support;
	   2. respite care;
	   3. supplemental services;
	   4. access assistance; and
	   5. information services
		Missing	Missing	Missing	1. 5
					2. 1
					3. 1
					4. 9
					5. 9
					Total = 9 unique providers

	# of units of service for grandparent caregivers via:
	   1. education/training/support;
	   2. respite care;
	   3. supplemental services;
	   4. access assistance; and
	   5. information services
		Missing	Missing	Missing	1. 118
					2. 10
					3. 30
					4. 226
					5. 6,485
					Total = 6,869

	# of grandparent caregivers served via:
	
	   1. education/training/support;
	   2. respite care;
	   3. supplemental services;
	   4. access assistance; and
	   5. information services
		Missing	Missing	Missing	1. 1,350
					2. 123
					3. 30
					4. 404
					5. 4,296
					Total = 6,203

	# of providers for grandparent caregivers, for each service category:
	
	   1. education/training/support;
	   2. respite care;
	   3. supplemental services;
	   4. access assistance; and
	   5. information services
		Missing	Missing	Missing	1. 3
					2. 1
					3. 1
					4. 2
					5. 2
					Total = 3 unique providers

Health Promotions	% of seniors completing the Chronic Disease Self-Management Program (CDSMP) (of those enrolled)	Missing	Missing	Missing	Missing
	# of unduplicated seniors served by CDSMP	Missing	Missing	Missing	200
	units of CDSMP service provided	Missing	Missing	Missing	Missing

Program	Measure	2011	2012	2013	2014
	units of DSMP service provided	Missing	Missing	Missing	Missing
	% of seniors completing the Diabetes Self-Management Programs (DSMP) (of those enrolled)	Missing	Missing	Missing	Missing
	# of unduplicated seniors served by DSMP	Missing	Missing	Missing	20
	# of health screening sessions	Missing	Missing	1,650	1,600
	# of health education sessions	Missing	Missing	2,000	2,200
	# of physical fitness & exercise sessions	Missing	Missing	4,000	5,500
	# of health services	Missing	Missing	1,000	1,000
	# of medication management workshops	Missing	Missing	400	350
	# of participants	Missing	Missing	5,000	5,500

We asked the department to tell us how it obtains the information for its Senior Education programs. It said only that it receives quarterly reports from the people administering the programs.

Housing and Community Development

The Department of Housing and Community Development offers some programs that are aimed explicitly at seniors. Other programs it offers are not aimed only at seniors, though they provide a large percentage of their benefits to seniors. Below we will describe these services. The first two of these services are provided by the Division of Green, Healthy, and Sustainable Homes within Housing. The third service falls under Strategic Planning and Resources.

Service 738 - Weatherization

Overview of Program

This service provides low income seniors and other low income families assistance with energy efficiency upgrades. The goal of this service is to help people save money with their utility bills, making it easier for them to remain in their homes. The Department of Housing and Community Development provides this service by utilizing contractors. The department leverages this weatherization work, and also its rehabilitation work discussed later, to get additional assistance in keeping seniors in their homes from numerous partner organizations.

Something else the department attempts to provide with this service is fall and injury prevention, especially with its senior clients. It has its contractors make assessments of the need for this when it is working on weatherization, and it has them mitigate any issues they discover.

Funding

Below is a table showing the funds spent on this service explicitly for seniors since 2011. The 2015 figures are budgeted.

Table 19: Weatherization Funding

Fund	2011	2012	2013	2014	2015
General	$129	$332	$66,558	$130,105	$150,869
Federal	-	$58,893	$600	-	-
State	$850,246	$1,007,434	$5,178,863	$7,956,716	$8,299,018
Special	-	$293,036	$99,403	$225,769	-
Total	$850,375	$1,359,694	$5,345,424	$8,312,589	$8,449,887

Performance Measurement

Below is a table showing the Outcome Budgeting performance measures for Service 738.

Table 20: Service 738 – Weatherization Outcome Budgeting Performance Measures

Type	Measure	2012 Target	2012 Actual	2013 Target	2013 Actual	2014 Target	2014 Actual	2015 Target
Output	Oil-gas conversions, average heating bill savings	NA	New Measure	New Measure	New Measure	New Measure	$974/year	$500/year
Output	Number of homes weatherized	1,392	1,424	300	743	1,000	1,265	1,750
Efficiency	Cost/client served for weatherization	$5,000	$4,500	$4,500	$2,964	$4,500	$5,572	$6,500
Effectiveness	# of households served via Customer Investment Fund which then became eligible for weatherization	NA	New Measure	New Measure	New Measure	New Measure	661	875

These measures seem to be good indicators of how well this service is working in the short term. It is good to know how many homes each year are being weatherized and the cost per client.

We asked Housing how it came up with the target for the oil-gas conversions measure. We were told that they calculated their own formula to model the savings from converting from oil to gas, and this formula yielded savings of $974 per year on average. He said the actual savings from this is currently being studied by a company called Wegowise, an energy data consultant.

One thing to note is that according to this reporting there were more houses weatherized in 2012 than in either 2013 or 2014, despite the funding for that year being less than the funding in either of those other years. We asked the department how this was possible. We were told it is because they were permitted to weatherize rental units, both Housing Authority of Baltimore City properties and Section 8 rentals. We were told that doing these types of properties provided an economy of scale that allowed the department to do more with less.

Another item to note is the fact that the efficiency measure has gone up between 2014 and 2015. We asked why this has happened. We were told that the department is now utilizing funding from sources like the

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Exelon merger and the Public Service Commission. These sources of funds allow the department to go deeper into houses with their weatherization efforts than previous sources have allowed.

The effectiveness measure is confusing. It is not clear what the Customer Investment Fund is, and it is therefore hard to understand how households being served by this fund would become connected with weatherization.

We would like to see some additional measures for this service, such as how many people are still living in their homes some number of years in the future, presumably due in part to the weatherization service that allowed them to stay in their homes.

We have asked the Department of Housing to provide us any additional performance measures that they are tracking for this service. We received from the department a statement regarding how many weatherized homes belonged to seniors. The numbers we received are below.

- 2011 – 712 households
- 2012 – 1,401 households
- 2013 – 343 households
- 2014 – 633 households

According to Housing and Community Development, the increase in 2012 was due to a $400,000 roofing grant received from Constellation Energy. The subsequent drop off in 2013 reflected the end of American Recovery and Reinvestment Act federal funds. The department indicated that starting in 2014 it began making improvements to houses beyond just the heating systems, such as roof repair and health and safety improvements, which accounts for higher costs per client.

Service 750 - Housing Rehabilitation Loans

Overview of Program

As with other services through the Department of Housing and Community Development, this service is not directed exclusively at seniors. It is aimed at both seniors and low income households generally. The service provides deferred rehabilitation loans to people so they can conduct improvements to their homes. Such repairs can include roofing, structural damage repairs, emergency repairs, and furnace replacements.

A key goal of this service is to help people to stay in their homes, and to keep them from having to move into institutional care, which is more expensive. The City is providing these loans to people, and especially to seniors, to make sure their homes continue to be habitable.

Funding

Below is a table showing the amount of funds of each type since 2011 that we estimate have been spent on seniors. The 2015 figures are budgeted.

Table 21: Housing Rehabilitation Loans Funding

Fund	2011	2012	2013	2014	2015
General	$294	$31,337	$31,901	$33,396	$31,628
Federal	$198,795	$628,925	$598,348	$1,174,091	$1,110,957
State	-	$294,947	$234,805	$160,834	$160,834
Special	-	$56,342	$119,246	-	-
Total	$199,089	$1,011,550	$984,299	$1,368,320	$1,303,419

Performance Measurement

Below is a table showing the Outcome Budgeting performance measures for Service 750.

Table 22: Service 750 – Housing Rehabilitation Loans Outcome Budgeting Performance Measures

Type	Measure	2012 Target	2012 Actual	2013 Target	2013 Actual	2014 Target	2014 Actual	2015 Target
Output	# of households rehabilitated and/or assisted	215	331	280	231	290	242	300
Efficiency	Administrative cost rate (admin. costs/# of households assisted)	$4,490	$4,490	$3,040	$3,950	$3,000	$3,512	$3,500
Effectiveness	Continued homeowner occupancy after 5 years	95%	95%	95%	95%	95%	93%	95%
Effectiveness	Funds leveraged by City rehabilitation loans	New Measure	New Measure	New Measure	New Measure	New Measure	New Measure	1:1

Some of these measures are good indicators of how this service is performing in the short term. The first effectiveness measure also suggests how this service is performing in the long term. Since the goal of providing these home rehabilitation loans is to help people remain in their homes rather than having to enter some type of institutional care, it is imperative to know how many of them are still in their homes years after receiving their loans. Housing and Community Development does track, through various means, whether the people to whom they are providing loans are at risk of being institutionalized. Most of them are. Though the department cannot know for sure if the loan has allowed people to live in their homes five years after receiving their loan, it is a good indicator of success.

The department also indicated some other metrics it has been tracking for this service. Table 23 below shows the additional measures that Housing has been tracking.

Table 23: Additional Service 750 Performance Measures

Performance Measure	2011	2012	2013	2014
Applications Received	329	410	378	331
Applications Denied	21	71	110	247
Loan Amount Approved	$2,180,485	$3,300,108	$1,905,948	$2,438,898
Applications Pending Fund Availability (end of year)	348	356	374	242

Service 593 - Community Support Projects

Overview of Program

This service is part of the federal Community Development Block Grant (CDBG) program. This program provides funding to non-profits that provide various housing and social services to clients. According to the Department of Housing and Community Development, there are currently about 60 organizations being funded, though this can vary from year to year. These organizations are providing about 130 separate activities.

Most of the programs funded through this service are not explicitly for seniors. Two are, however, and there are two for whom approximately half of benefits go to seniors, even though they are not designed as explicitly senior services. These are the activities listed in the table above.

Funding

Table 24 below shows the funding for grants providing services to seniors. The Fiscal 2015 figures are budgeted.

Table 24: Community Support Projects Funding

Activity #/Activity	2011	2012	2013	2014	2015
Action in Maturity	-	-	$30,000	$30,000	$35,000
813 - SAGA – Commission on Aging	$268,029	$383,415	$327,425	$385,216	$392,920
341 - Rebuilding Together Baltimore	-	-	-	$45,220	$45,220
817 - St. Ambrose Home Sharing Program	-	$19,776	$20,808	$19,776	$19,776
Total	$268,029	$403,191	$378,233	$480,212	$492,916

Performance Measurement

Below is a table showing the Outcome Budgeting performance measures for Service 593.

Table 25: Service 593 – Community Support Projects Outcome Budgeting Performance Measures

Type	Measure	2012 Target	2012 Actual	2013 Target	2013 Actual	2014 Actual	2014 Actual	2015 Target
Output	Number of persons who receive socioeconomic services (health, economic development, senior services, education, employment and job training, literacy, etc.)	19,419	21,005	17,400	20,961	17,400	21,202	20,100
Output	Number of households that receive housing related services (housing/foreclosure prevention counseling, lead paint remediation, housing rehab, etc.)	4,040	5,546	3,038	6,758	3,850	5,703	5,500
Effectiveness	Percentage of activities carried out by sub recipients and City agencies that met contractual goals	96%	95%	96%	97%	96%	96%	96%

These performance measures provide some basic information regarding the amount of this service being provided. They provide information on the number of people and households receiving services. And they provide information on the percent of contractual goals, such as homes repaired, counseling sessions, and job placements made. But again there is no information being tracked about this service's long term effects.

In addition to these outcome budgeting performance measures, the department is also tracking some additional measures. These measures are listed below.

Table 26: Additional Performance Measures – Service 593

Program	Performance Measure	2011	2012	2013	2014
Action in Maturity	Contractual or MOU goals	3,378	3,378	3,369	3,369
	# of seniors served	9,292	7,616	11,705	8,394
SAGA-Commission on Aging	Contractual or MOU goals	NA	NA	327	350
	# of seniors served	NA	NA	1,321	1,918
Rebuilding Together Baltimore	Contractual or MOU goals	40	45	40	25
	Total households served	57	44	41	25

Recreation and Parks

Service 651 – Recreation for Seniors

Overview

The Department of Recreation and Parks provides one service geared explicitly to seniors. It is service 651 - Recreation for Seniors.

This service is run from the John Booth/Hooper Senior Center in Patterson Park. The service consists primarily of a series of health promotion and social events that are held for seniors throughout the year. In Fiscal 2014, events included:

- Easter shopping at Arundel Mills
- "Get Down and Boogie!" Line Dancing Event for Heart Health Month
- "Get Ready, Get Set, Get Fit!" Senior Fitness Day in Patterson Park
- Red Hat High Tea Luncheon
- Senior Splash Water Aerobics at Patterson Park Pool
- A miniature golf tournament
- Eight Day Crab Feast and Indoor picnic serving over 2,000 seniors from across Baltimore City

To take part in these activities people need to be at least 50 years old. Most of the events organized through Recreation for Seniors require those attending to pay a fee so events are self-sustaining.

As part of the service, Recreation and Parks also provides support to Golden Age Clubs throughout the City. These are clubs for seniors run by various local organizations. As of the start of Fiscal 2015 there were 89 Golden Age Clubs in Baltimore receiving support through Recreation for Seniors. The department supports these clubs by:

- Publishing a "Golden Age Club Presidents' Manual"
- Consulting with clubs that may be having difficulties regarding operations
- Providing guidance and intervention when needed
- Providing information to the clubs regarding activities of interest to seniors throughout the city
- Sending out part time employees to certain clubs to conduct various types of classes and programs
- Producing and sending out to the clubs the annual Calendar of Events in the February Golden Gazette in which a year's worth of Recreation and Parks sponsored events are listed
- Operating a 36 passenger wheelchair equipped bus that clubs can utilize for transportation

From what we have determined, the only other entities that provide activities to seniors at all similar to the activities provided through Recreation for Seniors are the Health Department's Senior Centers. However, Senior Centers differ from the Recreation and Parks program for four reasons:

- Senior Centers provide this activity at a smaller scale;
- Senior Centers are only for people over 60, while the recreation and Parks program is open to people over 50; and

- To take part in a Senior Center activity you need to live in the catchment area around that center, while for the Recreation and Parks program you do not need to live in a certain area.
- All older adults are eligible to attend BCRP programs. No affiliation with a senior center, golden age club or senior ministry is required.

Funding and Staff

Below is a table showing funding for recreation for Seniors since 2011.

Table 27: Recreation and Parks Expenditures

Fund	2011	2012	2013	2014	2015
General	$206,239	$407,772	$254,763	$221,907	$227,546
Special	-	-	$63,259	$63,548	$64,819
Total	$206,239	$407,772	$318,022	$285,455	$292,365

Table 28 below shows the staffing for this service in Fiscals 2011 through 2015. The 2015 numbers are for budgeted staff.

Table 28: Staffing for Recreation for Seniors – 2011 Through 2015

Fund	2011	2012	2013	2014	2015
General	4	4	3	3	3
Special	-	-	-	-	-
Total	4	4	3	3	3

Performance Measures

Below is a table showing the Outcome Budgeting performance measures for service 651.

Table 29: Service 651 – Recreation for Seniors Outcome Budgeting Performance Measures

Type	Measure	2012 Target	2012 Actual	2013 Target	2013 Actual	2014 Target	2014 Actual	2015 Target
Output	Number of seniors participating in BCRP Citywide programs and special events	6,300	8,012	6,300	6,487	6,300	8,710	6,300
Output	Number of annual Citywide programs and special events	20	22	20	20	28	29	28
Efficiency	Cost per experience in Recreation and Parks Citywide special event/program	$25.12	$53.67	$33.25	$53.04	$44.90	$15.28*	$46.49
Outcome	% of participants satisfied with senior programming	NA	90%	90%	90%	90%	98%	95%

* - This cost per experience went down so much in Fiscal 2014 because the person in charge of Recreation for Seniors had additional responsibilities attached to her portfolio. As such, the amount of her time and the dollars dedicated to Recreation for Seniors events went down in Fiscal 2014. Since the dollars associated with her time constitute the numerator in the cost per experience calculation, the cost per experience went down.

Though these measures provide some evidence for what this service is doing right now, we are concerned about the following:

- We would like to have more specifics regarding what the department means with senior programing satisfaction.
- We would also like to obtain information on longer term effects of this service.
- We were skeptical of the satisfaction outcome measure, given that the targets and actuals always seem to be the same. The Department said that it conducts surveys during large events to obtain a cross section of people participating in those events. According to the department, it asks yes or no questions, basic factual questions, and open ended questions. The questions asked during these surveys have included:
    - Do you find Senior Citizens Division trips and events enjoyable?
    - Tickets include bus transportation, entertainment and food. Are the events a good value?
    - Are programs and events well organized and conducted?
    - What do you like least at Senior Citizens Division events?
    - What do you like best at Senior Citizens Division events?
    - How many times per year do you attend a Senior Citizens program or event?
    - Do you go to any other senior program in Baltimore City and, if so, how does quality of Senior Division program compare?
    - Suggestions or comments?
    - What new programs would you like to see the Senior Division offer next year?

We would recommend that the department try conducting a representative survey rather than surveying people at large events. The way the department surveys people now is not representative. It could instead

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survey people randomly from a list of all senior citizens in the city. That way it could ensure that the results it is getting are truly reflective of people's experiences.

In addition to the Outcome Budgeting measures, Recreation and Parks is also tracking numerous other metrics with its Recreation for Seniors service. It presents these metrics to Citistat on a regular basis. Below is a table showing these additional metrics and the annual measures of these items since Fiscal 2011.

Table 30: Additional Performance Measures for Recreation for Seniors

Measure	2011	2012	2013	2014
Number of Golden Age Clubs (on average each month)	92	91	91	89
Golden Age Club Enrollment (on average each month)	2,999	2,684	2,443	2,115
Golden Age Club Participation	76,466	62,130	58,351	50,310
Number of Special Events	43	46	57	26
Attendance at Citywide Events	7,402	7,290	8,526	8,710
Number of Bus Trips	127	146	120	99
Number of Bus Trip Participants	2,836	3,418	2,781	2,735
Number of Performances – Charm City Band	16	41	48	54
Attendance at Charm City Band Performances	685	1,245	1,270	1,550
Number of Volunteers (on average each month)	649	628	554	490
Number of Volunteer Hours	9,866	9,982	7,929	6,281

Public Works

Low Income Senior Citizen Water Discount Program

Overview

The Department of Public Works operates a program called the Low Income Senior Citizen Water Discount Program. This program has been in existence since 2008. Through this program, seniors who meet certain criteria are able to have their water and sewer bills reduced. For Fiscal 2015 the reduction was 39%. When the program started in 2008 it was 30%, and it remained there through Fiscal 2013. In Fiscal 2014 it was raised to 35%. Payments for water and sewer bills go to the City's water and wastewater utility funds.

The criteria to qualify for the water rate reduction are:

1. The applicant must be a City resident who receives a water/sewer bill directly from DPW.
2. The main resident of the household must be at least 65 years old.
3. The total household income must be $25,000 or less.

4. The applicant must be able to prove that he/she is the homeowner of record, or if the person is renting that the lease indicates that he/she has the responsibility for water and sewer charges at that residence.

People wishing to apply for this discount can either call a DPW number or apply at one of the Senior Centers operated by the Department of Health.

Funding

Below is a table showing how much in Water Utility Funds have been foregone with this program since Fiscal 2011.

Table 31: Low Income Senior Citizen Water Discount Program Funding

Fund	2011	2012	2013	2014	2015
Water Utility Fund	$220,630	$244,971	$294,832	$421,544	$467,913

Performance Measurement

The Department of Public Works collects little information on its Low Income Senior Citizen Water Discount Program. Outside of the money expended on the program, the only other information collected is the number of households receiving the discount. Table 32 below shows the number of households served by this program for each fiscal year between 2009 and 2014. Despite the fact that this program began in 2008, DPW only has information from 2009 onward.

Table 32: Performance Measure for Low Income Senior Citizen Water Discount Program

	2009	2010	2011	2012	2013	2014
Number of Total Participants	1,951	2,601	2,273	2,149	2,121	2,374

There are numerous other variables that DPW could track with this program, including:

- The mean and median benefit per person
- The distribution of benefit levels
- The age distribution of beneficiaries
- The mean and median gross household income of beneficiaries
- Percent of beneficiaries joining the program through the Senior Centers
- Percent of beneficiaries who own versus rent their homes

The goal with tracking additional items would be to learn more about the people receiving benefits through this program.

GRANTS MANAGEMENT

CARE Administration reports that there have been no grants management concerns in recent years, and that expenditures typically are lower than grant revenues. Several OOA Title III programs have moved toward a fee-for-service / reimbursement model, making over-spending on grants less likely.

A report compiled by the Grants Working Group shows that there was a $2.6 million surplus of federal, State, and special grant funds supporting senior services over the past three years. CARE Administration reports that very few grant dollars have been given back over the years reviewed, and that any Older Americans Act grants can be carried over from one year to the next if a surplus does exist at the end of the year. CARE staff noted that a number of senior programs are reimbursement model programs vs. grant programs, such as AERS, MAPC, Medicaid Waiver, and Money Follows the Person. Fund balances that exist for these reimbursement model programs at the end of the year may be the result of reimbursement timing, and may be carried over to cover shortfalls in the next fiscal year.

During the time that research for this report was being conducted, the Health Department's Chief Fiscal Officer brought to light what is likely an explanation for the apparent $2.6 million surplus in grant funds found in the Grants Working Group report. The Health Department receives the Consolidated Local Implementation Grant (CLIG), a mechanism by which local jurisdictions receive federal and State funds to implement local early intervention programs in compliance with federal and State regulations, policies, and procedures. Related to CLIG, the Federal portion of Medical Assistance (MA) reimbursements collected can either be spent on any aspect of the Early Intervention Program, or be held for future related use. There is no reporting requirement for this portion of the grant, and thus accounting staff mistakenly did not reconcile this account at the end of the year from Fiscal 2011 to Fiscal 2014. MA expenses significantly exceeded revenue from Fiscal 2013 to Fiscal 2015, which resulted in a $2.5 million deficit in this account by the end of Fiscal 2015.

The Health Department also receives Core Funds from the State, which are booked as City General Funds. From Fiscal 2012 to Fiscal 2014, DHMH indicated that a portion of the Health Department's Core Funds should come from the Personal Care account within Senior Services, as the formula for reimbursing the Health Department for those services increased significantly. It appears however that the MA reimbursements related to Personal Care were never "collected" into the Core Funds pot in Fiscal 2013 and Fiscal 2014.

In the Grants Working Group report, it is believed that the $2.6 million "surplus" is actually the excess Personal Care revenues that were never incorporated into the Department's Core Funds, which are now needed to pay back the $2.5 million deficit left by the booking error in the CLIG grant account. As of Fiscal 2015, DHMH no longer required Personal Care to use their revenue to fund part of the Core Grant. The Personal Care reimbursement formula is changing in Fiscal 2016.

The table below summarizes the Fiscal 2012 through Fiscal 2014 budget, revenue, and expenditures for each senior services grant.

Table 33: Grant Budgets, Revenues, and Expenditures Fiscal 2012 – Fiscal 2013

Grant	Name	FY12 Adopted	FY12 Revenue	FY12 Actual	FY13 Adopted	FY13 Revenue	FY13 Actual	FY14 Adopted	FY14 Revenue	FY14 Actual
Federal Grants:										
4234	Retired Senior Volunteer Program	$ 117,122	$ 107,292	$ 134,218	$ 120,368	$ 91,020	$ 120,688	$ 95,901	$ -	$ 135,664
4235	Senior Companion Program	$ 305,601	$ 308,222	$ 379,533	$ 308,311	$ 307,653	$ 361,943	$ 308,481	$ -	$ 367,619
4255	Geriatric Evaluation Services	$ 1,485,293	$ 1,333,691	$ 1,275,333	$ 1,553,908	$ 885,917	$ 1,055,249	$ 1,511,853	$ 1,017,708	$ 1,040,026
4262	Personal Care	$ 3,629,015	$ 5,073,805	$ 2,832,743	$ 3,038,577	$ 3,458,916	$ 2,588,089	$ 3,092,456	$ 1,748,964	$ 2,226,907
4329	Congregate Nutrition Title III-C1	$ 1,750,392	$ 2,161,075	$ 2,196,139	$ 1,767,547	$ 1,268,819	$ 932,392	$ 1,455,735	$ 632,270	$ 1,449,669
4333	Adult Day Care	$ 325,916	$ 369,681	$ 354,939	$ 255,700	$ 210,658	$ 150,080	$ 139,021	$ 48,113	$ 53,654
4334	Senior Health Insurance Program: SHIP	$ 59,441	$ 118,882	$ 117,978	$ 59,159	$ 93,303	$ 70,179	$ 90,909	$ 93,881	$ 99,221
4335	Area Agencies on Aging Title III - B	$ 1,623,802	$ 2,188,123	$ 1,479,325	$ 1,447,022	$ 1,471,109	$ 1,742,272	$ 1,326,272	$ 535,311	$ 1,447,002
4339	Title VII - Federal Ombudsman	$ 63,571	$ 81,901	$ 15,681	$ 65,809	$ 59,973	$ 24,553	$ 57,648	$ 27,739	$ 108,007
4343	Home Delivered Meals Title III C-2	$ 882,043	$ 1,151,990	$ 450,023	$ 888,346	$ 823,956	$ 1,011,009	$ 732,663	$ 333,048	$ 497,037
4361	Family Caregivers - Title III-E	$ 599,881	$ 622,399	$ 786,315	$ 604,517	$ 532,512	$ 569,162	$ 496,924	$ 228,935	$ 513,936
4362	Medication Management - Title III-D	$ 71,483	$ 77,821	$ 94,194	$ 55,564	$ 44,271	$ 42,684	$ 45,334	$ 26,464	$ 32,396
4364	Senior Medicare Patrol	$ -	$ 3,750	$ 33,504	$ 16,333	$ 53,074	$ 12,846	$ 17,564	$ 2,136	$ (1,634)
	Federal Grants Total:	$ 10,913,560	$ 13,598,632	$ 10,149,925	$ 10,181,161	$ 9,301,181	$ 8,681,146	$ 9,370,761	$ 4,694,569	$ 7,969,504
State Grants:										
5230	Health: Mental Health Administration	$ 664,582	$ 553,819	$ 656,256	$ 664,582	$ 664,583	$ 673,517	$ 664,582	$ 667,473	$ 670,121
5327	Statewide Senior Transportation Assistant Program (SSTAP)	$ 379,335	$ 233,642	$ 254,780	$ 379,335	$ 337,904	$ 275,280	$ 379,335	$ 497,979	$ 156,244
5328	Medicaid Waiver	$ 873,446	$ 965,665	$ 943,077	$ 881,451	$ 713,338	$ 780,734	$ 996,084	$ 1,167,000	$ 853,997
5331	State Guardianship	$ 303,540	$ 307,070	$ 247,630	$ 306,731	$ 233,126	$ 279,567	$ 308,236	$ 255,521	$ 298,593
5335	State Ombudsman	$ 135,743	$ 71,657	$ 429,398	$ 141,648	$ 133,710	$ 109,365	$ 133,930	$ 141,305	$ 109,470
5336	State Nutrition	$ 600,090	$ 600,090	$ 656,057	$ 600,090	$ 600,090	$ 600,090	$ 600,090	$ 600,090	$ 478,622
5338	Money Follows The Person	$ 217,098	$ 94,970	$ 163,882	$ 301,341	$ 59,738	$ 75,176	$ 108,010	$ 42,488	$ 141,316
5340	Subsidized Assisted Housing	$ 168,874	$ 124,716	$ 163,452	$ 183,497	$ 264,106	$ 211,655	$ 191,917	$ 100,369	$ 100,540
5341	Senior Information and Assistance	$ 191,312	$ 96,960	$ 136,682	$ 193,948	$ 291,000	$ 236,752	$ 194,614	$ 123,346	$ 87,378
5354	Senior Care	$ 1,440,309	$ 2,750,080	$ 1,344,202	$ 1,373,609	$ 1,276,259	$ 1,038,676	$ 1,419,039	$ 1,370,657	$ 1,344,132
5355	Vulnerable Elderly Program Initiative	$ 165,604	$ 159,810	$ 9,088	$ 163,403	$ 95,324	$ 215,063	$ 96,411	$ 86,151	$ 3,686
5357	Senior Center Operating Funds	$ 129,242	$ 143,113	$ 100,000	$ 129,852	$ 153,810	$ 144,855	$ 129,268	$ 168,000	$ 173,730
	State Grants Total:	$ 5,269,175	$ 6,101,592	$ 5,104,504	$ 5,319,487	$ 4,822,988	$ 4,640,730	$ 5,221,516	$ 5,220,379	$ 4,417,829
Special Grants:										
6335	Nutrition Services Incentive Program	$ 308,364	$ 314,922	$ 343,688	$ 308,364	$ 278,304	$ 314,383	$ 311,643	$ 186,687	$ 305,785
	Special Funds Total:	$ 308,364	$ 314,922	$ 343,688	$ 308,364	$ 278,304	$ 314,383	$ 311,643	$ 186,687	$ 305,785
	Total:	$ 16,491,099	$ 20,015,146	$ 15,598,117	$ 15,809,012	$ 14,402,473	$ 13,636,259	$ 14,903,920	$ 10,101,635	$ 12,693,118

This chart shows that over the past three years, the agency has budgeted above actual grant expenditures each year. One reason this might happen is that during the budget cycle, agencies have not been informed by federal and State agencies of the exact amount of the upcoming year's budget due to legislative, political, and other processes that delay official funding notices. Second, at a certain point in the budget process, agencies are no longer permitted to edit grant budgets in order to pin down final budget numbers during the budget adoption process. Third, sometimes grants are multi-year grants that are spent down over several years, and it might be hard to predict how much of a multi-year grant is to be spent in a given year, and/or the budgeted amount might reflect the full award rather than the portion to be spent that fiscal year. And last, grant award periods often do not correspond with fiscal periods, thus it may be difficult to predict which fiscal year a grant award will be received in when the award spans two fiscal periods.

BUDGET ISSUES

Department of Health

As indicated at the beginning of the Findings section, the way that the Department of Health organizes its senior services is not fully aligned with how senior services are organized within the Outcome Budgeting system. That is, how senior services are budgeted is not how senior services are actually administered. The one exception to this is Service 311 – Health Services for the Aging. This service does match up well with the Health Department's Health Services for Seniors division.

We recommend that the Outcome Budgeting services be reorganized to match the divisional organization within the Health Department, as shown in Figure 1 below. On the left side we show the current Outcome Budgeting structure for the Health Department's senior services. On the right we show our proposed new structure. This proposal involves moving programs into different services and creating new activities to reflect

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the presence of those programs in those services, and renaming a service. We will describe these changes in more detail below.

It should be noted that these recommended changes have been made for Fiscal 2016, due to our informing the Health Department of our conclusions during our research. This modification was already noted in the Background section.

Figure 1: Current and Proposed Budget Structures – Health Department Senior Services

Current Budget Structure	Proposed Budget Structure

Service 311 – Health Services for the Aging

Activity	6	RSVP
	7	Senior Companions
	13	Geriatric Evaluation Services
	14	Personal Care Services
	22	Special Support Services

Service 311 – Health Services for Seniors

Activity	6	RSVP
	7	Senior Companions
	13	Geriatric Evaluation Services
	14	Personal Care Services
	New	Community First Choice

Service 721 – Senior Centers

Activity	1	Senior Centers
	2	John Booth Center
	3	Facility Operations
	4	Zeta Center

Service 721 – Senior Centers

Activity	New	Hatton Senior Center
	New	John Booth – Hooper Senior Center
	New	Oliver Senior Center
	New	Sandtown Winchester Senior Center
	New	Waxter Senior Center
	New	Zeta Senior Center
	New	Independent Senior Centers

Service 722 – Administration - CARE

Activity	1	Executive Direction
	2	Operations Planning/ Technical
	3	Community Services
	56	Workers Compensation Expenses

Service 722 – Administration - CARE

Activity	1	Executive Direction
	2	Operations Planning/ Technical
	3	Community Services
	56	Workers Compensation Expenses

Service 723 – Advocacy and Supportive Care for Seniors

Activity	1	Advocacy and Supportive Care

Service 723 – Advocacy for Seniors

Activity	New	Senior Care Program
	New	State Health Insurance Program
	New	Senior Medicare Patrol
	New	Long-Term Care Ombudsman
	New	Maryland Access Point

Service 724 – Assistive and Directive Care For Seniors

Activity	1	Assistive and Directive Care for Seniors

Service 724 – Assistive and Directive Care For Seniors

Activity	New	Medicaid Waiver Program
	New	Money Follows the Person
	New	Public Guardianship
	New	Housing Services and Intervention
	New	Senior Assisted Living Group Home Subsidy

Service 725 – Senior Education

Activity	1	Senior Education

Service 725 – Community Services for Seniors

Activity	New	Family Caregivers Program
	New	Health Promotion
	New	Taxi Card Program
	New	Congregate Meals
	New	Meals on Wheels

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Service 311

In the Outcome Budgeting organization, the Department of Health's Service 311 - Health Services for the Aging lists Activity 22 – Special Support Services as one of its five activities. In a meeting with Health Department staff, we determined that this activity actually does not reside within this service. We were told that this activity consists of a grant to the organization Healthcare for the Homeless. These funds assist people who are under 64 years old. In recent years, the expenditures for this activity have been just under $700,000.

According to Health Department staff, this activity should be listed under Service 303 – Clinical Services. It is not clear why this activity has been listed within Service 311 in recent years. We recommend changing this listing.

Health Services for the Aging is actually the only case in which the way that the Health Department has its activities organized matches the way that Outcome Budgeting has these items organized, with this activity being the one exception.

Service 721

This service currently contains a strange activity break out for Senior Centers. It breaks out two separate senior centers as their own activities, and then breaks out two other activities called Senior Centers and Facility Operations. With our service reorganization mentioned above, we recommend that this service be broken into seven activities: one activity for each of the six Senior Centers operated directly by the city and one activity for all other centers.

Service 723

In Outcome Budgeting, the Department of Health's Service 723 - Advocacy and Supportive Care for Seniors, lists only one activity. This is Activity 1 – Advocacy and Supportive Care. As has been established in the Inventory section, service 723 contains many separate programs. We recommend each of these programs be listed as a separate activity.

These programs currently include the Senior Care Program, the Long-Term Care Ombudsman, the Medicaid Waiver Program, and the Money Follows the Person program. With the service reorganization we recommend above, we suggest that Service 723 now contain not only the Senior Care and Long-Term Care Ombudsman programs, but also the State Health Insurance Program, Senior Medicare Patrol, and Maryland Access point.

The fact that these various programs are not set up as separate activities within the budget system makes them hard to track within the budget system. It is difficult through the general ledger to establish what has been expended on each of these programs. To do this tracking, one needs to rely on tracking of expenditures being done by the Department of Health outside of the general ledger system.

Service 724

As with Service 723, Service 724 – Assistive and Directive Care for Seniors presents only one activity in the Fiscal 2015 Budget Book. This activity is listed as Activity 1 – Assistive and Directive Care. Again as was established in the Inventory section, there are many programs within this service. With the service reorganization, we recommend this service now contain not only Public Guardianship, but also the Medicaid

Waiver Program, Money Follows the Person, Housing Services and Intervention, and Senior Assisted Living Group Home Subsidy.

As with Service 723, we recommend that each of these programs be split out as a separate activity within Service 724 so that expenditures on these programs can be tracked more easily through the general ledger.

Service 725

There are a couple of issues with how this service is organized. One is that it is a very small service. It is not clear why it was established as its own service. We recommend this service be broadened to include all operations overseen by the Division of Community Services, and that it be called Community Services for Seniors. As such, we envision the new service consisting not only of the Family Caregivers Program and Health Promotions, which are in the current Service 725, but also the Taxi Card Program, Eating Together in Baltimore, and Meals on Wheels.

Another issue is that this service contains a position for a long-term care ombudsman. Ombudsman services are under Service 723 - Advocacy and Supportive Care for Seniors. There is currently one person of this type budgeted to that service. It is not clear why Senior Education would have a long-term care ombudsman. This position should be in Service 723's budget.

Department of Public Works

Low Income Water Program

Currently DPW does not budget the revenue it expects to forego with this program. We recommend that the agency establish a line item within its revenue budget through which it can display the expected foregone revenue from this program. It should also track what revenue it has foregone from this program as the year progresses.

PERFORMANCE MEASUREMENT

We have already indicated that there are many modifications that should be made to the Outcome Budgeting measures being used by agencies to track their performance. Many of the measures being used are not well designed. Also many individual programs within the Department of Health are not being measured at all. We recommend that departments re-examine their Outcome Budgeting performance measures.

In addition, most of the measures being tracked for senior services by all departments, whether the Outcome Budgeting measures or the others, are primarily measures of output. They are measures of things like the number of clients engaged in a program, the number of volunteers assisting with a program, or the percent of cases resolved in a particular way. This is not surprising because funding sources often want to make sure that the money they are providing for programs are actually being used for a specified amount of output.

However, we recommend that these departments also try collecting information on longer term effects of their interventions such as outcomes and impacts. In the world of logic modeling, outcomes can be short term or long term. Short-term outcomes can be thought of as results that occur to the people taking part in the programs within a few years of an intervention, while longer-term outcomes happen as many as six years after

an intervention. Impacts are thought of as even longer-term results of an intervention, and they are results for an entire community, not just for the people directly taking part in the intervention.

Below are some ideas regarding both outcomes and impacts that each department could consider measuring in order to track not just the immediate outputs of its programs but also some longer term effects to both the participants and the communities. These measures are organized by department and by service within each department. We are using the new names we recommend for the Department of Health services.

Department of Health

Service 311 – Health Services for Seniors

- Changes in overall health of people participating in each program
- Changes in specific measures of health to people taking part in each program
- Increases in social connections among people participating in RSVP
- Changes in the number of people being able to remain in their own homes due to the Personal Care program
- Longer-term changes in overall health to neighborhoods with high concentrations of seniors who are receiving multiple Department of Health interventions.

Service 721 – Senior Centers

- Changes in overall health of people participating in each program
- Changes in specific measures of health to people taking part in each program
- Increased social connections among people attending Senior Center programs

Service 723 – Advocacy for Seniors

- Changes in overall health of people participating in each program
- Changes in specific measures of health to people taking part in each program
- Longer-term changes in overall health to neighborhoods with high concentrations of seniors who are receiving multiple Department of Health interventions.

Service 724 – Assistive and Directive Care for Seniors

- Changes in overall health of people participating in each program
- Changes in specific measures of health to people taking part in each program
- Changes in the number of people being able to remain in their own homes due to the Money Follows the Person program
- Longer-term changes in overall health to neighborhoods with high concentrations of seniors who are receiving multiple Department of Health interventions.

Service 725 – Community Services for Seniors

- Changes in overall health of people participating in each program
- Changes in specific measures of health to people taking part in each program
- Changes in nutrition for people taking part in congregate meals and meals on wheels
- Increases in social connections among people participating in Eating Together in Baltimore
- Changes in weight among people receiving meals through Meals on Wheels and Eating Together in Baltimore
- Longer-term changes in overall health to neighborhoods with high concentrations of seniors who are receiving multiple Department of Health interventions.

To track some of these measures, particularly those involving health, the Department of Health should consider surveying its clientele. It should consider surveying clients when they first begin receiving a certain type of service through the Department of Health and then again after they have received that service for a certain period of time. This could be done as a pre and post test survey.

For guidance in doing this, it could utilize the U.S. Department of Health and Human Services Administration on Aging (AoA) Performance Outcome Measurement Project (POMP). This project is a tool that allows Area Agencies on Aging to gauge the performance of their programs. Among other things, this project offers survey instruments that localities can use. Some of these instruments are geared toward specific programs like congregate meals. Others are aimed at larger outcomes like physical and emotional health. (Current survey instruments for these last two outcomes can be seen in Appendix V.)

The surveys aimed at larger outcomes could be particularly valuable for Baltimore's Department of Health to utilize. This department is not currently tracking anything that answers the question that we think is the most important one to ask about all senior programs: are these programs improving the lives of seniors? The surveys looking at the physical and emotional health of senior clients get at this question. We recommend that the Department of Health conduct surveys utilizing these AoA guidelines to determine what effect its programs are having on seniors in the City.

Department of Housing and Community Development

Service 738 – Weatherization

- Number of people remaining in their homes five years after weatherization intervention, compared to neighborhood average
- Change in valuation of homes three years after weatherization, assuming that the Maryland State Department of Assessments and Taxation can capture the value of these upgrades
- Number of people who have received this intervention and are institutionalized within five years
- Changes in overall health of people whose homes have been weatherized
- Energy usage

Service 750 – Housing Rehabilitation Loans

- Change in valuation of homes three years after weatherization, assuming that the Maryland State Department of Assessments and Taxation can capture the value of these upgrades
- Changes in overall health of people whose homes have been rehabilitated
- Number of people who have received this intervention and are institutionalized within five years

Service 593 – Community Support Projects

- Number of households that have been able to avoid foreclosure five years after intervention
- Economic status of households following intervention

Department of Recreation and Parks

- Increases in social connections among people participating in various programs and events
- Reported levels of life satisfaction among seniors participating in programming

Department of Public Works

- Economic status of households after taking part in the discount program
- Number of people remaining in their homes five years after beginning water discount program

In addition to these measures that we recommend agencies track, there is also an issue with the data they say they are already tracking, particularly for the Department of Health. This department has listed a large number of variables that it says it is tracking. However, we have been unable to obtain much of this data. This suggests either that a) the Department of Health is not actually collecting all the data it claims or b) data cannot be readily retrieved for reporting. Either situation is problematic. We recommend that the department improve its data collection or its system for retrieving data it has collected.

RECOMMENDATIONS

Below is a summary of the recommendations we are making to improve the execution of senior services within Baltimore City. We have divided this summary into two sections: budget and performance measurement. One thing that needs to be noted when discussing recommendations is that although these senior services programs are administered by various City government agencies, they are mostly funded through outside sources. The parameters for these services are largely dictated by these outside sources. As such, the City agencies do not have the kind of leeway to modify these programs that agencies running primarily general funded programs have.

Despite this lack of program flexibility, we have still developed numerous recommendations that should improve the administration of these senior programs.

Budget

1. Reorganize the budgetary structure for Health Department senior services to better reflect how the department organizes itself to deliver the services.
    a. Move Special Support Services out of Service 311 – Health Services for the Aging and into Service 303 – Clinical Services. Special Support Services is a grant to Healthcare for the Homeless. Rename this service Health Services for Seniors.
    b. With Service 721, identify each of the city-run Senior Centers as its own activity. Put all contracted Senior Centers under an additional activity.
    c. Establish separate activities for each program operated under Service 723 – Advocacy and Supportive Care for Seniors. Rename this service Advocacy for Seniors.
    d. Establish separate activities for each program operated under Service 724 – Assistive and Directive Care for Seniors. Rename this service Direct Care and Support Planning.
    e. Rename Service 725 "Community Services for Seniors." – List all the programs run by the Community Services Division, except Senior Centers, as separate activities.
2. Develop a line item in which to budget and track actual foregone revenue for DPW's Low Income Senior Water Discount Program.

Performance Measurement

3. Improve the Department of Health Outcome Budgeting performance measures.
4. All departments should begin measuring longer-term outcome and impact variables, not just outputs, in order to get a better sense of the effects that their programs are having on participants.
5. The Department of Health should begin surveying its clientele.
6. The Department of Public Works should start measuring additional output variables as well as longer-term outcome and impact variables referenced above.
7. Improve the Department of Health's system for tracking and retrieving data.

CONCLUSIONS

The Baltimore City government provides senior services to its residents primarily through four agencies: the Department of Health, the Department of Housing and Community Development, the Department of Recreation and Parks, and the Department of Public Works. The agency with the largest senior services budget and the most programs is the Department of Health. Recreation and Parks and the Department of Public Works each have only one program targeted at seniors, and each of these is small.

We recommend that the Health Department in particular modify the way that it budgets its senior services. The way the agency budgets these programs is not in line with how the agency organizes these programs. In addition, the breakout of activities in the current budget system does not allow for easy tracking of expenditures on the department's many senior services health programs.

Also, most senior programs are funded largely through either State or federal grants, or in some cases both. As such, the structure of the senior programs the City offers, and especially those offered through the Health Department and the Department of Housing, is mostly dictated by these outside funding entities. The City itself does not have much leeway to structure its programs in different ways.

In addition, many of these senior programs are tracking extensive program outputs. Most programs do not appear to track much in the way of longer-term outcomes or impacts, and we recommend that the agencies begin to do this.

AGENCY COMMENTS

This report was sent to Arnold Eppel at the Department of Health, Ken Strong and Stephen Janes at the Department of Housing and Community Development, JoAnn Cason at the Department of Recreation and Parks, and India Murray at the Department of Public Works.

Below is the response provided to BBMR by the Department of Housing and Community Development in regards to a version of the report provided to that department on September 8, 2015. We did not receive official statements from any of the other three agencies.

BALTIMORE HOUSING

STEPHANIE RAWLINGS-BLAKE
Mayor

PAUL T. GRAZIANO
Executive Director, HABC
Commissioner, HCD

September 23, 2015

Mr. Jonathan Morancy
Bureau of the Budget and Management Research
City Hall
100 North Holliday Street – 4th floor
Baltimore, Maryland 21202

Dear Mr. Morancy,

Thank you for providing the Department of Housing and Community Development (HCD) an opportunity to comment on the "Senior Services" report of the Bureau. Deputy Commissioner Kenneth Strong has been HCD's liaison to you and the Bureau during the process of producing the report. He has shared information and updates both with me directly and with our HCD senior staff. I endorse his comments and input in the attached memorandum. Also attached is a strategy document on senior services from the HCD perspective that Mr. Strong prepared a little more than a year ago. It provides additional context for the information and program descriptions included in the "Senior Report".

Thank you for all of your hard work on this very important subject. We will study the recommendations closely and incorporate them into our outcome-based budgeting process and Citistat accountability templates.

Sincerely,

Paul T. Graziano
Commissioner

cc- Kimberly Washington, Chief of Staff
Ken Strong, Deputy Commissioner
Larissa parrish, Assistant Commissioner

MEMORANDUM

To: Jonathan Morancy, BBMR Budget Analyst

From: Ken Strong, HCD Deputy Commissioner

Date: August 7, 2015

Subject: Response to Senior Services Report

First of all, I want to thank you for the "Senior Services" report, for your thoughtful attention to relevant HCD services, and your openness to feedback from this agency. The report focuses largely upon the specific services provided through city funding that aid older adults and senior households. The responses to those program descriptions, the statistics and recommendations about measures are outlined below but they are not major.

The bulk of our comments fall into the category of "other". The HCD Division of Green, Healthy and Sustainable Homes operates on a stage of public and private agency collaboration which we have not yet been able to capture in databases that tie together neatly with expenditures and outputs. Please find attached a memo that I prepared for Commissioner Graziano a year ago that describes a range of division projects and initiatives focused on seniors. This memo will update that one and amplify upon it. There is a bigger story to tell and to appreciate about our work with seniors; part of our challenge is to find ways to reflect our partnerships in the City's framework of service areas, outputs, efficiencies and effectiveness, widgets of services, and dollars spent.

Responses to text of the Report:

   I.   Weatherization:

        Page 47 - "The effectiveness measure [for weatherization] is confusing." I agree. It is also a passing measure limited to the Customer Investment Fund that will end June 30, 2016. The Customer Investment Fund (CIF) did and does enable the division to weatherize houses (often senior households) that could not be served without the roofing, heating, structural repairs and healthy home improvements that CIF supports. But it is an awkward and a difficult measure to capture and reflect. At the start of weatherization, 50% of our applicants were rejected due to roofing, heating, and structural problems. We still have houses beyond our scope

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scope but it is difficult to pinpoint which ones we weatherize now that we could not weatherize before.

Working with Law and Purchasing, a new bid solicitation for weatherization has been issued with a 9/30/15 deadline. It updates our previous work to adapt to new State price caps on weatherization measures; it also continues our movement to more comprehensive services with weatherization contractors acting more like general contractors than specialists. Expanding our pool of contractors will help us increase weatherization production for all low-income families we serve including seniors, who are a service priority for us. This new solicitation, if it yields a bigger pool of contractors, will also help us maintain a steadier flow of production.

We are awaiting a decision by the State on HCD's application to continue as the local agency for EmPOWER MD energy conservation. This will provide approx. $5 million a year in weatherization-like funding comparable to the federal stimulus funding level for weatherization. This will continue the City of Baltimore and HCD's in a leadership level when it comes to energy conservation nationally. Very few cities are doing as much as Baltimore in this area.

BUT, the special funding from the Customer Investment Fund will be ending over the next year or so; we are planning our budget submissions to reflect the loss of that extra level of funding for heating, roofing, health, and case management services. We will continue to integrate the resources we have within the HCD Division of Green, Healthy and Sustainable Homes, but without the Public Service Commission Exelon merger funds (Customer Investment Fund) we clearly will have less capacity to serve seniors and others as comprehensively as we are now.

Page 46 and 47 – I appreciated your inclusion of our explanations related to the unevenness of weatherization production over time. (See notes above)

Page 46 and 47 – When Wegowise provides us real data (from BGE accounts) on energy cost savings for the families we have served, anticipated sometime this year, the effectiveness of our weatherization services will be truly known and not estimated by formulas. Additionally I am hopeful that health care costs before and after weatherization can be measured by the Johns Hopkins School of Public Health. National research indicates that there are generally health improvements tied to weatherization, albeit modest ones. I believe that HCD's more comprehensive approach to weatherization and the braiding of services will yield greater health cost savings than national average.

Part of the CIF involves service tracking across the Mayor's Office of Human Services, the Baltimore

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MEMORANDUM

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HOUSING

Energy Challenge and HCD Weatherization. It is a work in progress but should yield better numbers on interagency services within government and amongst non-profit partners. The University of Baltimore is evaluating a range of impacts. It is difficult to distill these tracking systems and evaluation projects in the framework of BBMR and Citistat. The work we are doing in the field is the foundation for the Mayor's consideration of providing" one-stop" service for multiple programs.

The University of Baltimore is our evaluation partner for the Customer Investment Fund. UB is preparing the second year report right now due at the end of September. The third and final year report will be even more complete and informative. If you would like I could share their first year report with you and the subsequent ones. While they do not focus particularly on seniors, these reports will provide a bigger analysis of HCD's progress as well as the three other city agencies involved in the Customer Investment Fund.

II.   Housing Rehabilitation

Page 48 and 49 – The priorities for housing rehabilitation include health, safety and code compliance, so the impact of these services should be reflected even more than weatherization in health care cost savings related to doctors and hospitals, in addition to prevention of premature nursing home placement.

Additionally, I don't know how to measure the value to the neighborhood of stable older adults being part of the community fabric. Anecdotally, I know it is valuable. One of the first people to come out and start sweeping in the 1800 block of North Smallwood after the riots this spring was an older woman we aided through housing rehabilitation.

This year we have been prioritizing seniors at risk of tax sale foreclosure and seniors at risk of water service termination. Our housing rehabilitation can prevent loss of essential services like water and even the loss of a home due to tax sale foreclosure.

We have a pending proposal with Henry Raymond to continue our work on tax sale service coordination; HCD has been supporting this function up until now even though it is an interagency effort responding to the Abell Foundation recommendations, many of which on this subject were good.

Our division has employed a consultant to help us study and improve on the quality and speed

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of our services. It takes months between application and actual service with our loan programs and we want to better respond to people with urgent situations.

I plan to discuss this Friday at Citistat. In the same way that Law and Purchasing helped up with weatherization contracting, we need a concerted effort to reform, modernize and broaden our contracting as it relates to housing rehabilitation.

State Housing has agreed to work with us on creating expedited processing of State loan applications for seniors with urgent needs. That work group, headed by our director of the Office of Rehabilitation Services, is just getting organized now. One of our goals is tap into more State resources to aid seniors.

We are seeking $2 million in State support, half rehab loans and half grants, that will be focused on seniors and emergency services. Rather than maintaining the status quo where almost all State rehab help is loans with cumbersome underwriting and exclusions of people most in need of help, we are seeking more local control and flexibility. The State is entertaining our recommendations and requests.

III.   OTHER

    A. Fall and injury prevention for seniors – HCD supported the non-profit organization Civic Works in obtaining a $1 million grant to make homes safer for seniors as a complement to weatherization. There are cross referrals between Civic Works and our division programs.

    B. The CAPABLE Program of the JHU School of Nursing received almost 50% of their referrals from weatherization. Dr. Sarah Szanton should be publishing research results soon.

    C. This division collaborated with the BCHD Office of Aging outreaching to over 1,000 seniors at risk of losing their homes to tax sale foreclosure. We connected many of them to benefits and legal services to help avert tax sale of their properties. If Finance supports our proposal for a Tax Sale Service Coordinator, this collaboration should continue for the next tax sale season with enhanced results since city interagency and nonprofit collaboration is improving.

    D. One of our weatherization contractors and some of our staff participated in the volunteer day of Rebuilding Together Baltimore providing assistance to older adults and people with

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disabilities in a target neighborhood. Rebuilding Together Baltimore received two grants, one from the Abell Foundation and one from the Stulman Foundation to aid seniors that our division weatherizes.

We are asking Rebuilding Together to help us with one house that would be too costly to rehab through contractors alone but may be feasible with volunteer help and contracting work.

E. The Stulman and Hoffberger Foundations recently gave $1.2 million to a consortium of non-profits to employ 5 social workers for three years spread through the city. It is called the HUBS (Housing Upgrades Benefiting Seniors) and a significant part of the job is to help connect older adults to our division's services. Another Stulman Foundation grant went to a consortium of legal service non-profits with an emphasis on aiding seniors. The HUBS social workers have been hired and are in training; they will soon be deployed.

Legal Services is a newer grant. It will certainly help with the Tax Sale Service Coordination. There is also research demonstrating that legal services have positive returns-on-investment in terms of health and housing outcomes. It is an important part of serving seniors comprehensively and effectively.

F. I serve on the Advisory Committee for the Bayview Caregivers project funded by the Weinberg Foundation. This project implements a range of strategies to aid the caregivers of seniors. It also serves as the advisory group to the Weinberg Foundation to make "Maryland the best place to grow old."

Service delivery for this program will start this fall. HCD has been one of the most consistent and active supporters of this program. We are in close communication with Michael Marcus of the Weinberg Foundation studying this initiative as well as other public/non-profit partnerships aiding seniors. The Weinberg Foundation also supported our collaboration with Civic Works, cited above.

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Mayor

PAUL T. GRAZIANO,
Executive Director, HABC
Commissioner, HCD

While we do have specific division programs providing specific services to many older adults, we are also very active in broader efforts to aid seniors. I hope this perspective is helpful.

IMPORTANT PERSPECTIVE:

One of our pervasive challenges with senior services and other division services is the measurement and proof of prevention strategies:

"No Heat" Emergencies: I know that the several hundred "no heat" emergencies we respond to annually contribute to preventing fires and may save a senior from hypothermia, but I can't measure or prove it.

Senior Home Preservation: I know that we are helping seniors stay independent in their own homes longer and preventing premature nursing home placements, but how can I prove that.

Blight Elimination Prevention: I know our green, healthy, and sustainable home improvements prevent many houses from becoming vacant but how can I prove and quantify as part of outcome based budgeting.

Health and Public Safety: We install smoke alarms and CO detectors but how many fires did we prevent (and what would be the cost of those fires)? How many people did not get CO poisoning who would have? I do know that one home in East Baltimore our staff visited, family members had symptoms of CO poisoning. We arranged immediate medical attention and cured the source of the high CO – coming from the furnace. How many people did not die because of work we did and what is the cost-benefit analysis that measures that?

Measuring the Value of Partnerships: When we partner among city agencies and with nonprofit groups, I know we are more effective. Problems are intertwined and solutions ought to be as well. If we collectively help a senior at risk of tax sale foreclosure and they do not lose their home:

- How much was the legal services a factor?
- How much was the assistance of getting the Homeowners Property Tax Credit?
- How much was getting the Senior Water Bill Discount?
- How much was weatherization and reduced utility bills?
- How much was getting on a payment plan?
- How much was getting help with medical insurance?
- How much was getting a short term loan from a non-profit group?

417 East Fayette Street • Baltimore, MD 21202 • phone 410-396-4709 • fax 410-545-3238 • www.baltimorehousing.org
Baltimore Housing reflects the combined efforts of the Housing Authority of Baltimore City
and the Baltimore City Department of Housing & Community Development.

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MEMORANDUM

STEPHANIE RAWLINGS-BLAKE,
Mayor

PAUL T. GRAZIANO,
Executive Director, HABC
Commissioner, HCD

BALTIMORE HOUSING

All of the factors can be at play in a single case and sometimes all of them are needed for success – preventing tax sale and tax sale foreclosure. A different city agency or nonprofit might provide each one. Measuring their productivity in services delivered against the goal is complex.

In my opinion, all of the virtues of Outcome-Based Budgeting and reports like this need to be thought of in the larger context of complex social problems that require complex coordinated solutions. Additionally we need to figure out how to measure prevention and value it as a "smart" goal. All of our services impact quality of life for seniors and other low-income households – how do we measure that? Some of our services save lives, what is the cost/benefit analysis of that?

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Below is an additional document that the Department of Housing and Community Development provided as context for its response above.

MEMORANDUM

TO: Paul T. Graziano, Commissioner

FROM: Kenneth J. Strong, Deputy Commissioner

DATE: August 27, 2014

RE: Progress on Strategies to Preserve Senior Homeownership

Because of their vulnerability, inability to manage and their growing numbers, a priority of the Division of Green, Health and Sustainable Homes (DOGHASH) has been to strengthen services to older homeowners in the City. The LIGHT (Leading Innovation for a Green and Healthy Tomorrow) Program is the intake and case management arm of the division and the gateway to our services. LIGHT case managers prioritize older adults who are in unsafe and unhealthy living environments, especially in terms of energy conservation and rehab/lending services. With our partners and through our services, we also aim to make homes more financially sustainable for older adults. Nearly all the senior homeowners we serve say that preserving the homes they worked so hard to buy and staying independent in the neighborhoods and communities where they have established roots…is a top priority.

Of the total population of owner occupants in Baltimore City, 32,000 are over the age of 65. 50% of this number is over the age of 75, according to data provided by Maryland State Department of Planning. State population projections indicate that the total City population of those 65+ will increase from 72,812 in 2010 to 88,864 in 2025 representing a 22% increase during a time that the City, overall, is projected to grow by 23,000 people or by 3.7%. Growing Baltimore, as you and the Mayor have often said, has to include retaining the city's current population and occupied households as much as attracting new residents and creating new households. Homeownership preservation and independence for older adults supports growing Baltimore, neighborhood stabilization, preventing more vacancies, reducing premature institutionalization and the associated health care costs.

The purpose of this memorandum is to bring you up to date on a number of initiatives underway within DOGHASH, and among our public and non-profit partners to preserve senior homeownership and independence.

1.   **WHAT** (Whole House Assessment Triage) **Committee** – Once a month, LIGHT convenes a meeting of service providers from city agencies and nonprofit partners, including Civic Works, Baltimore Energy Challenge, Rebuilding Together Baltimore, Episcopal Housing, Green and Healthy Housing Initiative, Neighborhood Housing Services, Maryland Volunteer Lawyers Service, the Johns Hopkins CAPABLE Program and CHAI. The City Office of Aging and the Mayor's Office Human Services, the State Office of the People's Counsel regularly participate; other City agencies and the State housing department periodically attend. At each meeting complex cases are presented and solutions discussed; more than half of the cases involve older homeowners. Cases that no one agency can serve alone are those

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brought to the WHAT Committee and most often collaborative service plans are crafted and agreed upon. Through this process not only are new solutions created, but coordination and interagency cooperation is enhanced.

2. **Recommendations of the 2012 State Task Force on Renovation and Home Repair Needs of Senior Homeowners** –With support from Del. Sandy Rosenberg, recommendations from the Task Force are finally being implemented:

    - Changes in COMAR to enable the use of the State's Senior Accessible Housing Loan fund to make **grants** to homeowners will be confirmed by the end of August and State HCD anticipates considering grant applications before the end of September. Many people who don't qualify for a loan will now be able to receive assistance. We anticipate that the MD-DHCD will request an additional $500,000 for their residential loan programs in its FY 2015 budget. We recommend City support and would advocate for an even larger budget allocation. In Baltimore City the need for senior homeownership preservation grants is great and the cost per case is often significant.
    - The Maryland Department of Aging has drafted a proposal for a two- year pilot program to be included in its FY 2015 budget to assist older adults living in their own homes. The program would create two Option Counselor positions that would be assigned to Baltimore City and Prince Georges County Division on Aging to assist low income older homeowners prepare applications for home repair and renovation assistance, to help the homeowner through the renovation process and to refer these applicants for other long term care services, as needed. DOGHASH rehab technicians and energy auditors would provide the scopes of work and coordinate with contractors, and inspect the work for our funded programs. State Delegate Rosenberg and Ken Gelula, our consultant who chaired the task force, met recently with Secretary Gloria Lawlah, MD Department of Aging, and her staff; they are committed to this effort and may join us in seeking foundation funding to get the program started sooner rather than later.
    - In addition to making the most of the new State program to provide grants to older homeowners ineligible for loans, DOGHASH is committed to making greater use of State MHRP and accessibility loans. For a variety of reasons those State resources have been underutilized in recent years. It is our intent to make optimal and coordinated use of City, State, and community-based loan programs, blending and braiding them as necessary to meet complex needs. DOGHASH is organizing a meeting of all loan program directors for exactly that purpose.

3. **Sinai Hospital Initiative** – As a result of a July meeting organized by Marianne Navarro (HCD Development Division – Anchor Institutions) with staff from LifeBridge Health, a more recent meeting was held at Sinai to begin discussions of a collaborative project targeting older adult homeowners in the Park Heights area. The meeting was attended by representatives from Sinai Hospital, Baltimore Housing (DGHSH), Baltimore City Health Department, Division of Aging, CHAI and Park Heights Renaissance. Because of recent changes in Maryland's Medicare Waiver, Sinai is financially motivated to partner in community initiatives…and prevent emergency room visits and hospital stays. Targeting the health of the homeowner, as well as the condition of the home will improve City residents' quality of life and enable them to remain in their own homes and out of the hospital. There was a strong desire by all participating parties to move forward in creating a program model. Conceivably part of the cost of the program, related to both health and housing, could be covered by Medicare and Medicaid. Based on the viability of the model, DGHSH could approach other hospitals in the City to create comparable programs in their areas. Ken Gelula and I will meet with Mark Sissman 8/28/14 to

discuss the role that Healthy Neighborhoods Inc. can play in the emerging Sinai project (Cylburn and Glen are healthy neighborhoods in the immediate community of Sinai Hospital).

4. **Johns Hopkins School of Nursing - CAPABLE project**: "Community Aging in Place, Advancing Better Living for Elders," is seeking to aid 500 low-income older adults in Baltimore City who are struggling to maintain daily household activities. As part of the project, Civic Works installs grab bars, stabilizes banisters, fix holes in floors, and provide other safety modifications to the homes of older adults. Occupational therapists assess what everyday tasks the adults are capable of performing and brainstorm with participants to see what strategies they can use to perform others. Nurses work with participants on pain, mood, medication adherence, strength, and balance. The project is being funded by the Center for Medicaid and Medicare Services Innovation Grant through June 2015 and by the Robert Wood Johnson Foundation.

   Many of CAPABLE's clients came from DOGHASH referrals and receive energy conservation and housing rehab assistance in addition to the CAPABLE services described above.

5. **Bayview Hospital Healthy Communities Project** – Through Bayview Hospital, an initiative has begun to link the hospital with churches in East Baltimore. The initiative is based on the principal that among the church members are caregivers for older and sick people. Through a recent grant from the Weinberg Foundation, Healthy Communities will be initiating a training program for caregivers. Partnering with churches on senior home preservation may lead to partnering on the "Live Near Your Worship" concept we have been discussing for homeownership. Similar to the CAPABLE program, DOGHASH services coordinated with Bayview services and the volunteer support of the faith community could be a winning combination.

6. **Weatherization Support for Assisted Living Facilities** – DOGHASH has invited over 60 operators of licensed assisted living facilities in Baltimore City to a meeting tomorrow morning to discuss their opportunities for energy conservation, reducing utility bills, and improving resident services. Those with residential utility accounts can be weatherized by DOGHASH grants, and those with commercial accounts may be served Department of General Services – Office of Energy loans. The State provides energy conservation services to multi-family buildings. There are over 300 such facilities in Baltimore serving over 1,500 older adults; the City Office of Aging views assisted living facilities as a critically important component of their continuum of care options.

7. **Home Preservation Program (HPP) and Energy Savings Loan Program (ESLP)** – Given the severe federal cuts to the CDBG program which the DOGHASH Rehab/Lending Unit had relied upon in the past, we were facing a bleak funding picture for this fiscal year with only $700,000 in the traditional CDBG supported Emergency Roof and Deferred Loan Program, serving primarily older homeowners. Those funds were being committed and exhausted in the current first quarter of this fiscal year. Thanks to Baltimore Housing efforts and support from the Mayor's Office that funding picture is now much brighter and more flexible. Two new programs providing zero percent deferred loans are poised to begin:

   - The **Energy Savings Loan Program** (ESLP) is funded by the Baltimore Energy Initiative (BEI - new name and acronym for PSC Customer Investment Fund) with $1.8 million over the next two years to provide roofing, heating, weatherization, structural repairs,

and healthy home improvements to families between 200% of poverty and 80% of area median. Under 200% of poverty, these same services are well-funded and available to families as grants thru BEI. For both grants and loans, DOGHASH will assertively reach out to older homeowners and prioritize services to them.

- The **Home Preservation Program** is funded by loan repayments from a 13-year old program that have accumulated $2.3 million now available to us senior home preservation and neighborhood stabilization-type loans. The City law department recently resolved questions about our ability to re-lend these funds. The primary use of these deferred loan resources will be to serve the great many seniors who have applied to DOGHASH and have long-awaited assistance in health, safety and code compliance needs. But the funds are also flexible enough to complement certain Vacants to Value target block projects for current residents (V2V strategy #7) and for leveraging bank investments in creative lending strategies.

8. **Water Emergencies and Tax Sale Foreclosure Prevention:**

DOGHASH has undertaken some pilot cases in the area of tax sale foreclosure prevention when green and healthy home improvements, along with sustainable services (benefits analysis and assistance) can cure the problem causing unpaid water bills or unpaid code violation fines that then result in a low-income home entering the tax sale foreclosure process. A handful of our WHAT Committee cases have been of this kind. One was a huge water bill due to leaks that an older homeowner could not afford to fix. Another was aiding a homeowner in the aftermath of a fire that resulted in code violation fines.

The Bureau of Water and Wastewater is now proposing to invest grant funds of approximately $150,000 a year for water and sewer line replacements for older homeowners with water related emergencies and tax sale foreclosure cases related to unpaid water bills. DOGHASH would provide the interior plumbing, energy conservation, and sustainability services through its resources and those of partners.

9. **ABAG (Association of Baltimore Area Grantmakers) Meeting on September 12th –** DOGHASH has been invited to present at the ABAG Affinity Group on Aging Services. It is an opportunity to discuss all of the initiatives above but also to point out the funding and service gaps that foundations could help the City fill.

10. **National level events and opportunities for Federal Support -**

- I will be attending the *GHHI Leadership* Forum in Washington DC September 17 thru 19 and part of the agenda is talking to our congressional representatives about green and healthy issues. Baltimore is a recognized leader in this field.
- The *National Center for Healthy Homes* is applying to the Weinberg Foundation proposing green and healthy home support for older homeowners based in part on the DOGHASH/Civic Works/CAPABLE model. Baltimore will be one of several sites around the country if that proposal is funded.
- *NeighborWorks* is planning a major event in Baltimore to highlight Baltimore's green and healthy homes progress in early 2015. A goal of this event beyond education is to promote Baltimore's progress and programs to federal agencies and elected officials. We most especially advocate for Medicaid reimbursement for healthy home improvements to older homeowners. We are making the case that our services prevent more costly health care

system expenses for older adults in unsafe and unhealthy homes using hospital services too frequently and prematurely entering Medicaid-supported nursing homes. NeighborWorks plans to plan this event around the Mayor's schedule and give Baltimore Housing and the Mayor the credit they deserve for so much focus, progress, and planning around the needs of older adult homeownership and independence.

The common denominator of all of these initiatives is that they require interdisciplinary partnerships. The problems of low income older people living in their own homes is too complex and there are too many people for City Government or any other single entity to address alone. The Department of Finance is currently studying City investments in in services to older adults and DOGHASH has contributed to that study. The City should take the lead in bringing together diverse partners to work together and learn from the successes and failures of others. We must also do more to bring more public policy attention to the critical issue of increasing numbers of older people aging in their own homes. It is ironic that as the aging Baby Boomer generation is upon us, that both the Federal and State government agencies have turned away from the development of additional affordable senior housing. We are indeed facing a crisis, not only with respect to the well being of our older City residents, but also in the management of the City's residential housing stock. Investments in homeowner preservation and independence for older adults are truly great investments from many important perspectives.

All of what has been presented above argues strongly for greater investment from all levels of government in the development of affordable rental and housing development projects through the Baltimore Housing Development Division. Assisted and subsidized multi-family housing for older adults is a tremendous need; we cannot keep older homeowners in their own homes and independent indefinitely. Alternatives to nursing home placements (which should be the housing option of last resort) are needed across the spectrum.

APPENDIX I: SCOPE AND METHODOLOGY

The objectives of this study were to 1) provide a comprehensive inventory of the services provided by the City government to seniors, 2) determine which measures the services are using to keep track of performance, 3) establish what kinds of funds go to these services, and 4) determine how well the grants are being managed.

To determine how senior services are provided to City residents, we met with staff at the Health Department, the Department of Housing and Community Development, the Department of Recreation and Parks, and the Department of Public Works. We corresponded with much of this staff regularly throughout the research process. We obtained performance data from the agencies running senior services. We conducted a site visit at a Senior Center. We also obtained budget and expenditure information from the agencies and the general ledger.

BBMR conducted this management research project from July 2014 to March 2015 in accordance with the standards set forth in the BBMR Project Management Guide and the BBMR Research Protocol. Those standards require that BBMR plan and perform the research project to obtain sufficient and appropriate evidence to provide a basis for the conclusions and recommendations contained in this report. BBMR believes that the evidence obtained provides a reasonable basis for the findings and conclusions in this report and that such findings and conclusions are based on research project objectives.

AGING SERVICES

VISION

The Baltimore City Health Department Office of Aging and CARE Services envisions Baltimore as the most aging friendly city in America, where all older adults and persons with disabilities can age in their communities with choice, dignity, and independence, as they move along the aging continuum.

MISSION

The Office of Aging and CARE Services advocates for and delivers services to older adults and their families and caregivers, and to persons with disabilities residing in the City of Baltimore.

ADULT EVALUATION AND REVIEW SERVICES
410-396-6006

Free comprehensive assessments for adults with chronic illness or disability to identify services and community resources.

MEDICAL ASSISTANCE PERSONAL CARE
410-396-4494

Provides personal care services in the community for persons with chronic illness or disability.

RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP)
410-361-9400

Provides opportunities for persons age 55 and older to volunteer, meet critical community needs, and enrich their lives.

SENIOR COMPANION PROGRAM
410-361-9405

Provides a stipend to volunteers that give personal assistance to frail elderly seniors who want to live independently in their homes.

CARE SERVICES

EATING TOGETHER IN BALTIMORE
410-664-0700

Congregate nutrition program that provides nutritious meals, socializtion, and activities at numerous locations.

FAMILY CAREGIVER PROGRAM
410-396-1486

Provides information, assistance, respite, and supplemental services to family caregivers who care for disabled and older adults age 60 and over, as well as grandparents age 55 and older raising grandchildren age 18 and under.

GUIDED CARE
410-396-2273

Transitional coordinated care in partnership with The Johns Hopkins Hospital.

HEALTH PROMOTION & EDUCATION
410-396-4932

Outreach, education and awareness initiatives to support healthy aging and lifestyle changes for older adults.

BALTIMORE CITY

HOME DELIVERED MEALS
410-558-0827

Home-delivered meals and services for frail or disabled older adults, in partnership with Meals on Wheels of Central Maryland.

HOUSING AND HOMELESS SERVICES
410-396-4932

Provides housing interventions for evictions, locating alternative housing, and assistance with utilities, taxes, and landlord issues. Homeless intervention includes assessments, placements, referrals, and resource linkage for benefits and entitlements to homeless older adults.

SENIOR LEGAL SERVICES PROGRAM
410-396-1322

Free legal assistance program offering legal advice in general civil matters to residents age 60 and older.

MARYLAND ACCESS POINT (MAP)
410-396-2273

Provides information and referral services. This initiative is a "no wrong door" approach that integrates aging and disability services. Visit the MAP website at: www.marylandaccesspoint.info

MEDICAID WAIVER FOR OLDER ADULTS
410-396-4932

Community-based program for persons age 50 and older who want to remain in their own homes with supportive services or reside in an assisted living facility.

MONEY FOLLOWS THE PERSON
410-396-4932

Helps nursing home residents 18 years of age and older transition back into the community with supportive services. Housing assistance and transitional services are provided.

LONG TERM CARE OMBUDSMAN
410-396-3144

Receives, investigates, and resolves complaints made by or on behalf of nursing home and assisted living facility residents. Ombudsman staff educate consumers and providers about residents' rights and long term care issues.

PUBLIC GUARDIANSHIP PROGRAM
410-545-7702

Court-appointed guardian of person; provides life management services for persons age 65 and older who have been adjudicated disabled by the Circuit Court.

SENIOR ASSISTED LIVING SUBSIDY PROGRAM
410-396-4932

Community-based housing subsidy program for medically and financially eligible persons

SENIOR CARE PROGRAM
410-396-1605

Provides case management and support services to help older adults remain in their homes and in the community for as long as possible.

SENIOR CENTERS
410-396-4932

14 senior centers offering a wide range of services programs and activities that help meet the social, physical, and intellectual needs of older adults.

CARE-OPERATED SENIOR CENTERS

Hatton Senior Center............410-396-9025
John Booth Senior Center......410-396-9202
Oliver Senior Center.............410-396-3861
Sandtown/Winchester...........410-396-7724
Waxter Senior Center............410-396-1324
Zeta Senior Center................410-396-3535

STATE HEALTH INSURANCE PROGRAM (SHIP)
410-396-2273

Provides personalized counseling, education, and outreach to assist Medicare beneficiaries with their Medicare questions and a variety of health insurance issues.

SENIOR INFORMATION AND ASSISTANCE
410-396-2273

"One-stop" source of information, assistance, and referrals for older adults, their families, and caregivers.

SENIOR MEDICARE PATROL
410-396-2273

Anti-fraud program to increase older adult awareness of health care fraud and to assist in resolving fraud issues.

TAXI CARD PROGRAM
410-664-1123

Offers reduced cost taxi service for older adults and persons with disabilities. Services are available online at:
www.caretaxicard.com

BALTIMORE CITY HEALTH DEPARMENT OFFICE OF AGING AND CARE SERVICES
417 E. FAYETTE STREET, 6TH FLOOR
BALTIMORE, MARYLAND 21202
410-396-4932 ADMINISTRATION
410-396-4494 AGING SERVICES

FOR MORE INFORMATION CALL
410-396-CARE (2273)
www.baltimorehealth.org

MARYLAND ACCESS POINT

YOUR LINK TO HEALTH & SUPPORT SERVICES

www.marylandaccesspoint.info

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Office of Aging and CARE Services

Baltimore City Maryland Access Point (MAP) offers information and assistance in accessing services for older adults (aged 50 & over) and adults with disabilities (aged 18 & over) residing in Baltimore City.

Trained counselors

- Educate callers about eligibility for public programs
- Refer callers to local agencies
- Provide long-term care planning support and options counseling

Maryland Access Point (MAP) can connect persons to:

Advocacy Services

Adult Evaluation and Review Services

Caregiver Support Services

Community Based Services

Fitness/Recreational Services

Health Insurance Counseling Services

Health Promotion & Educational Services

Housing and Homeless Services

Legal Services

Long-Term Care Support Services

Nutritional Services

Transportation Services

Volunteer Services

MAP provides information and assistance about supportive services which allow individuals to remain at home and plan for future needs.

MAP promotes independence, personal choice and resources for individuals with disabilities and the people who support them.

MAP promotes the website for information about long-term services and support:

www.MarylandAccessPoint.info

TAKING CARE OF THOSE WHO TOOK CARE OF US.

It is all too true that making ends meet can be a problem and a worry for those who have given so much of themselves and who should be enjoying their retirement. So many seniors are still giving through mentoring, volunteering and sharing their joy of life. Now we can give back through our LOW INCOME SENIOR CITIZEN WATER DISCOUNT PROGRAM.

Stephanie Rawlings-Blake

Mayor
Stephanie Rawlings-Blake
City of Baltimore

WHO CAN APPLY?

Homeowners and tenants (whose lease holds them responsible for paying the water bill), can apply each year for the discount if they meet the following criteria:

1. The applicant must be a City of Baltimore resident receiving a water/sewer bill directly from the City.

2. The principal resident must be age 65 or older.

3. The combined gross household income must be $25,000 or less.

4. The applicant must certify that he/she is the property owner-of-record with the Maryland Department of Assessments and Taxation, or provide a lease showing his/her responsibility for paying water/sewer charges at that property.

WHAT IS THE DISCOUNT?

Those who qualify receive a 39% discount on their water and sewer rates on each quarterly bill.

HOW CAN I APPLY?

Eligible senior citizens may apply at any of the Senior Community Centers listed on this brochure or call 410-396-5398 to obtain an application.

PLEASE NOTE:

Only one water bill account per household is eligible to receive this discount.

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VERIFICATION:

In order to prove eligibility you will need to submit the following along with your application:

- Proof of age (copy of Maryland Driver's License, State identification card or birth certificate).

- Proof of property ownership or lease agreement showing that the tenant is responsible for water/sewer charges.

- Proof of all income for the household such as current tax returns, 1099 statements, eligibility letters from Social Security, Social Services or the Veterans Administration.

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SENIOR CENTERS IN BALTIMORE CITY

Action in Maturity, Inc. (AIM): 9:00-5:00
Elizabeth Briscoe, Director
3900 Roland Avenue
Baltimore, MD 21211
Phone: 410-889-7915
Fax: 410-889-7921
Email: aim@actioninmaturity.org

Allen Senior Center: 8:30-3:30
Coryetha Arrington, Project Director
1404 S. Charles Street
Baltimore, MD 21230
Phone: 410-685-6224
Fax: 410-685-6225
Email: allencenter@verizon.net

Forest Park Senior Center: 9:00-3:00
Rev. Daniel Worthy, Executive Director
4801 Liberty Heights Avenue
Baltimore, MD 21207
Phone: 410-466-2124
Fax: 410-466-2154
Email: forestparkseniors@yahoo.com

Harford Senior Center: 10:00-2:00
Curleen Davis, Project Director
4920 Harford Road
Baltimore, MD 21214
Phone: 410-426-4009
Fax: 410-426-4081
Email: cdavis@voaches.org

Hatton Senior Center: 8:00-4:00
Ottolie.McJilton, Site Director
2825 Fait Avenue
Baltimore, MD 21224
Phone: 410-396-9025
Fax: 410-545-7891
Email: ottolie.mcjilton@baltimorecity.gov

Greenmount Senior Center: 8:30-4:30
Angela Lee, Executive Director
425 E. Federal Street
Baltimore, MD 21202
Phone: 410-396-3552
Fax: 410-528-8811
Email: kally1026@gmail.com

Edward A. Myerberg Senior Center: 8:30-4:00
Autumn Soddabinik, Director
3101 Fallstaff Road
Baltimore, MD 21209
Phone: 410-358-6856
Fax: 410-358-1816

Oliver Senior Center: 8:00-4:00
Karen Wheeler, Senior Center Manager
1700 N. Gay Street, Suite B
Baltimore, MD 21213
Phone: 410-396-3861
Fax: 410-545-6239
Email: karen.wheeler@baltimorecity.gov

Sandtown Winchester Senior Center: 8:00-4:30
Mary Parker-Collins, Senior Center Manager
1601 Baker Street
Baltimore, MD 21217
Phone: 410-396-7724
Fax: 410-462-2469
Email: mary.parker-collins@baltimorecity.gov

Senior Network of North Baltimore: 8:30-4:30
Karen Conkel, Director
5828 York Road
Baltimore, MD 21212
Phone: 410-323-7131
Fax: 410-323-3576
Email: kconkel@gedco.org@yahoo.com

Waxter Center for Senior Citizens: 8:00-4:00
Linda Butler, Senior Center Manager
1000 Cathedral Street
Baltimore, MD 21201
Phone: 410-396-1324
Fax: 410-396-1330
Email: kenya.cousins@baltimorecity.gov

John Booth Senior Center: 8:30-4:00
Rosalee Velenovsky, Site Manager
229½ S. Eaton Street
Baltimore, MD 21224
Phone: 410-396-9202
Email: rosalee.velenovsky@baltimorecity.gov

Zeta Center for Healthy and Active: 9:00-5:00
Leslie Yancy, Director
4501 Reisterstown Road
Baltimore, MD 21215
Phone: 410-396-3535
Fax: 410-466-1864

For additional information, please dial 311.
www.baltimorecity.gov
Please Recyde This Publication

SENIOR CITIZEN DISCOUNT APPLICATION 2014

STEPHANIE RAWLINGS-BLAKE MAYOR

DPW
DEPARTMENT OF PUBLIC WORKS
RUDOLPH S. CHOW, P. E
DIRECTOR

The Baltimore City Department of Public Works, Bureau of Water and Wastewater, will review your application for the Senior Citizen Discount Program. *See criteria in section "6" on reverse.

PLEASE *PRINT* ALL INFORMATION

Please complete the front and back of this form. Return completed form, to the Bureau of Water and Wastewater, Customer Support and Services Division, 200 Holliday Street, Room 404, Baltimore, Maryland 21202, along with the required supporting documents, stated in section 6, on the back of this application.

1.

Name _____ Home Phone Number _____

Mailing Address _____ Other number ☐cell ☐work ☐friend ☐relative

City, State, Zip _____ Water Bill Account Number _____

Service Address _____

(Check one)   ☐Homeowner   ☐ Renter (check only if you are required to pay water bill)

2. If you answer **yes** to any of these questions, please **list the type** of assistance you are receiving:

- Do you receive any energy assistance or subsidy? ☐Yes ☐No Type: _____
- Do you receive any public assistance, i.e. medical, supplemental social security, food stamps? ☐Yes ☐No Type: _____
- Do you receive veterans or social security disability benefits? ☐Yes ☐No Type: _____
- Do you receive any other form of financial assistance, i.e., relative, child support, other? ☐Yes ☐No Type: _____

3. Fill in each space below for **ALL** household members **(list yourself first)**.

FIRST and LAST NAME	BIRTH DATE mm/dd/yyyy	RELATIONSHIP TO APPLICANT	Sex M/F	Disabled (Yes or No)	List all Types of Income	Annual Gross Income
	/ /	APPLICANT				
	/ /					
	/ /					
	/ /					
	/ /					
	/ /					

If there are more persons living in household, please list them on separate paper.

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SENIOR CITIZEN DISCOUNT APPLICATION 2014

STEPHANIE RAWLINGS-BLAKE MAYOR

DPW
DEPARTMENT OF PUBLIC WORKS
RUDOLPH S. CHOW, P. E. DIRECTOR

BALTIMORE CITY

4. The applicant must sign this application before it can be processed.

I hereby apply for a Senior Discount of 39% for water and sewer services for my primary residence. I declare that the information provided to the Department of Public Works, Bureau of Water and Wastewater, is true, correct and complete. Additionally, I certify that I am the owner of this real property located in Baltimore City and owner-of-record with the Maryland Department of Assessment and Taxation and I am the principal resident or I have included a copy of a current lease agreement that requires me to pay the water and sewer charges for the property subject to the Senior Citizen Discount Exemption. I understand that when this application is signed, permission is given to the Department of Public Works, Bureau of Water and Wastewater, to verify all household income, bank accounts, housing expenses, insurance and any other benefits.

Print Name _____

Applicant's Signature _____   Date

Senior citizen discount is only good for one year. Applications must be approved for this discount each year.

5. OFFICE USE ONLY:

Received/Date (mm/dd/yyyy) / /	Approved/Date (mm/dd/yyyy) ☐ / /	Denied/Date (mm/dd/yyyy) ☐ / /

Certifier Signature (Bureau of Water and Wastewater's Customer Support and Services Division Staff):

Certifier Signature

Comments:

All applications will be processed based on 2013 income.

6. Senior Citizen Discount Program Criteria

Eligibility Requirements:	Required supporting documents for eligibility determination:
• Principal Resident must be 65 or older. • Combined gross household income must not exceed $25,000 (All sources) • Applicant must certify he/she is owner-of-record with Maryland Department of Assessments and Taxation or provide a copy of current lease that indicates he/she is responsible to make payment for water and sewer charges at the property serviced by the account. • Applicant must be a City of Baltimore water and sewer customer, a resident of the City of Baltimore and receive a water and sewer bill directly from the City of Baltimore.	• Proof of applicants' age (Copy of Maryland Driver's License, Birth Certificate or State Identification) • Copy of landlord/tenant's lease agreement indicating tenant responsibility for water/sewer charges. • Proof of all income sources for all members of household. (A copy of current tax returns or 1099 statements including eligibility letters from Social Security, Social Services or Veterans Administration. A note reflecting any other public or financial assistance for members of the household.)

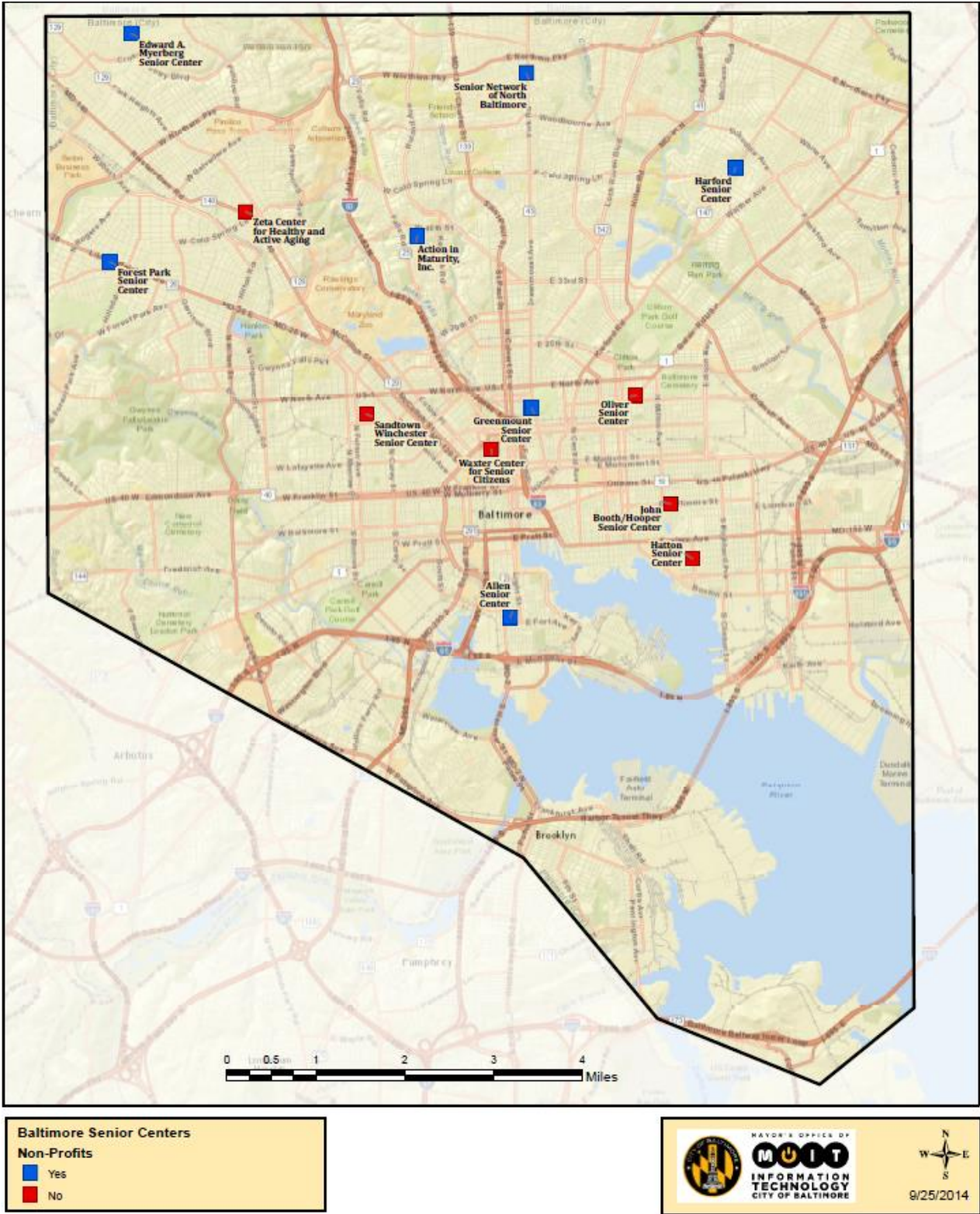**Only one water bill account per household is eligible to receive this discount.**

Please indicate where you acquired this application:

☐ Mayor's Office   ☐ Care Center   ☐ Other
☐ City Council Office   ☐ DPW
☐ HCD Community Center   ☐ 311

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APPENDIX IV: SENIOR CENTER MAP

Figure 2: Senior Center Map

BBMR-16-1 Management Research Report: Senior Services

APPENDIX V: POMP SURVEY INSTRUMENTS

Social and Emotional Well-Being Module

These next questions are about your overall social and emotional well-being.

SE1.   During an average week, how many days are you in touch by phone, Internet (email), or in person with a friend, neighbor, or relative who ***does not*** live with you?

None .... ☐ 1
One day .... ☐ 2
Two days .... ☐ 3
Three days .... ☐ 4
Four days... ☐ 5
Five days .... ☐ 6
Six days... ☐ 7
Every day... ☐ 8

SE2.   Thinking about how often you are in touch with friends, neighbors, and relatives is this ...

Not enough (Would like to do more) .... ☐ 1
About enough .... ☐ 2
Too much... ☐ 3

SE3.   During an average week, how many days do you leave home to go to a movie, sports event, club meeting, class, or place of worship?

None .... ☐ 1
One day .... ☐ 2
Two days .... ☐ 3
Three days .... ☐ 4
Four days... ☐ 5
Five days .... ☐ 6
Six days... ☐ 7
Every day... ☐ 8

SE4.   Regarding your present social activities, do you feel that you are doing ...

Not enough (Would like to do more) .... ☐ 1
About enough .... ☐ 2
Too much... ☐ 3

SE5. In general, how would you describe your emotional well-being?

Excellent .... ☐ 1
Very good .... ☐ 2
Good .... ☐ 3
Fair .... ☐ 4
Poor .... ☐ 5

SE6. During the past 30 days, how often have you had difficult or painful feelings such as stress, grief, worry, anger or loneliness?

Always.. ☐ 1
Usually .... ☐ 2
Sometimes .... ☐ 3
Rarely... ☐ 4
Never .... ☐ 5

SE7. During the past 30 days, to what extent have feelings such as stress, grief, worry, anger or loneliness interfered with your normal social activities with family, friends, neighbors, or groups?

Always.. ☐ 1
Usually .... ☐ 2
Sometimes .... ☐ 3
Rarely... ☐ 4
Never .... ☐ 5

Physical Functioning and Health Module

These next questions are about your health.

PF1.   In general, would you say your health is:

Excellent .... ☐ 1
Very good .... ☐ 2
Good .... ☐ 3
Fair .... ☐ 4
Poor .... ☐ 5

PF2.   Do you use any of the following aids?

		Yes	No	If "Yes," have you used them for 6 months or longer?	
				Yes	No
PF2a.	A cane, crutches, or a walker	☐ 1	☐ 2	☐ 1	☐ 2
PF2b.	A wheelchair, electric scooter, etc.	☐ 1	☐ 2	☐ 1	☐ 2
PF2c.	A hearing aid	☐ 1	☐ 2	☐ 1	☐ 2
PF2d.	Other (e.g., grab bar, shower chair, shower bench, etc.)	☐ 1	☐ 2	☐ 1	☐ 2

PF3.   About how many <u>different prescription medications</u> do you take every day?

|___|___|

PF4.   In the past 12 months, did you have to stay overnight in a nursing home or rehabilitation center?

Yes .... ☐ 1
No .... ☐ 2

PF5.   In the past 12 months, did you have to stay overnight in a hospital?

Yes .... ☐ 1
No .... ☐ 2

PF6.   In the past 12 months, did you receive treatment in an emergency room?

Yes .... ☐ 1
No .... ☐ 2

This question asks about common activities of daily life and whether you usually need assistance with them. This does not include the effects of temporary conditions. If you use an aid or assistive device, please indicate if you still have difficulty when using the aid.

Because of a physical or mental health condition, do you have difficulty...

		Yes	No	If "Yes," do you need the help of another person? Yes	No
PF7.	Getting around INSIDE the home	☐₁	☐₂	☐₁	☐₂
PF8.	Getting around OUTSIDE the home, for example to shop or visit a doctor's office	☐₁	☐₂	☐₁	☐₂
PF9.	Getting in or out of a bed or a chair	☐₁	☐₂	☐₁	☐₂
PF10.	Taking a bath or shower	☐₁	☐₂	☐₁	☐₂
PF11.	Dressing	☐₁	☐₂	☐₁	☐₂
PF12.	Walking	☐₁	☐₂	☐₁	☐₂
PF13.	Eating	☐₁	☐₂	☐₁	☐₂
PF14.	Using or getting to the toilet	☐₁	☐₂	☐₁	☐₂
PF15.	Keeping track of money or bills	☐₁	☐₂	☐₁	☐₂
PF16.	Preparing meals	☐₁	☐₂	☐₁	☐₂
PF17.	Doing light housework, such as washing dishes or sweeping a floor	☐₁	☐₂	☐₁	☐₂
PF18.	Doing heavy housework, such as scrubbing floors and washing windows	☐₁	☐₂	☐₁	☐₂
PF19.	Taking the right amount of prescribed medicine at the right time	☐₁	☐₂	☐₁	☐₂
PF20.	Using the telephone	☐₁	☐₂	☐₁	☐₂

PF21. Have you ever been told by a doctor, nurse, or other health care professional that you
have...

		Yes	No
a.	Arthritis or rheumatism...	☐1	☐2
b.	High blood pressure or hypertension	☐1	☐2
c.	A heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems	☐1	☐2
d.	High cholesterol...	☐1	☐2
e.	Diabetes or high blood sugar	☐1	☐2
f.	Allergies, asthma, emphysema, chronic bronchitis, or other breathing or lung problems	☐1	☐2
g.	Cancer or a malignant tumor, excluding minor skin cancer..	☐1	☐2
h.	Stroke	☐1	☐2
i.	Anemia...	☐1	☐2
j.	Osteoporosis	☐1	☐2
k.	Kidney disease	☐1	☐2
l.	Eye or vision conditions such as glaucoma, cataracts, macular degeneration or other medical conditions [Does not include only wears glasses or contacts.]....	☐1	☐2
m.	Oral health/tooth or mouth problems	☐1	☐2
n.	Hearing problems...	☐1	☐2
o.	Emotional, nervous, or psychiatric problems.............	☐1	☐2
p.	Memory related disease such as Alzheimer's or dementia	☐1	☐2
q.	Seizures or epilepsy	☐1	☐2
r.	Parkinson's	☐1	☐2
s.	Persistent pain, aching, stiffness or swelling around a joint? [Includes broken bones and sprained muscles, and bad backs, knees, shoulders, etc.].......	☐1	☐2
t.	Multiple Sclerosis	☐1	☐2
u.	A serious problem with urinary incontinence.............	☐1	☐2
v.	Something else?	☐1	☐2
	Please describe:_____		

APPENDIX VI: BBMR CONTACT INFORMATION

Primary BBMR Contacts

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BBMR Mission

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Contacting BBMR

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