



F R O M	Name & Title	Oxiris Barbot, MD Commissioner 	Health Department MEMO	
	Agency Name & Address	Health Department 1001 E. Fayette Street Baltimore, Maryland 21201		
	Subject	Council Bill 12-0013R: Informational Hearing – Office of Aging and CARE Services		

To: President and Members
of the City Council
c/o 409 City Hall

February 29, 2012

The Baltimore City Health Department's (BCHD) Office of Aging and CARE Services (OACS) is pleased to have the opportunity to respond to City Council Resolution 12-0013R - Informational Hearing – Office of Aging and CARE Services – Commission on Aging and Retirement Services (CARE). This resolution requests the Commissioner of Health, and the Acting Commissioner to address the City Council on the transition of CARE from an independent entity to a program under the Health Department's Office of Aging and CARE Services; to present information on the services available to the elderly; to share plans to address delivery of services to meet the projected increase in the elderly population; and to discuss the methods used to enable Baltimore City's elderly residents to be aware of and to access federal, state, city, non-profit and private services and resources.

The Baltimore City Commission on Aging and Retirement, an organization that was created in 1973, by Ordinance of the Mayor and City Council, to advocate for older Baltimoreans by developing, coordinating, and funding programs, services and activities for seniors and establishing a pre-retirement education program, was moved to the Health Department, effective July 1, 2010, to address a City-wide budgetary shortfall. Under the move, City officials maintained that the program would remain "exactly" the same, creating a "one-stop shop" for seniors while saving about \$500,000 in the City's 2011 budget.

Further, City officials maintained that the transfer of the area agency would be invisible to the City's seniors; they would continue to receive services from the same individuals they know. There would be no disruption or noticeable change for recipients of services during the transfer. While it was anticipated that there would be cost savings due to efficiencies created by consolidation, this transfer was made to improve coordination among senior serving programs and thus enhance the services offered to Baltimore City's seniors.

BCHD was asked to take responsibility for the area agency on aging senior programs and services because it provides a variety of services to improve the lives of seniors in Baltimore, including comprehensive evaluations for seniors, personal care, medical transports, and job and volunteer placement. Movement of the area agency to the same division of BCHD will enable closer collaboration in areas similar services are delivered. In addition, BCHD has a long history



Comments

of seeking and obtaining grant funding to supplement the limited City general funds available with 80% of its funding coming from grant funds rather than City general funds. As such, Health Department staff have significant experience in the development and implementation of services for seniors. Thus, the move was intended to provide the area agency access to expertise it did not have previously.

Status of the Office of Aging and CARE Services

The name of the organizational unit was changed to the Office of Aging and CARE Services (OACS) to encompass the existing programs within the Adult and Geriatric Health Services area. While these programs are not funded by the grants CARE received under the Older Americans Act, the services provided are complementary and offer an opportunity for “one-stop” shopping for services to seniors.

Services Available to the Elderly

The backbone and infrastructure of the Health Department will allow the Office on Aging to outreach to many more people and to appropriately deliver service in a model that encourages and fosters self-directed care. This relationship allows the older adult and their family to take part in the service delivery of both care giving and assistance with other health related services that the Health Department already delivers. As such, in addition to the services previously offered by the former CARE programs, the Office of Aging and CARE Services now includes the Adult Evaluation and Review Services, Medical Assistance Personal Care, Senior Companion, Retired Senior Volunteer and the Senior Community Service and Employment Programs.

Plans to Address Delivery of Services

Based on preliminary 2010 Census data, the population of Baltimore City is estimated at 620,961, the fourth largest population in the State, behind Montgomery, Prince George's, and Baltimore counties, respectively. The age 65 and over population in the City was estimated to be 72,812. This represents a decrease of 15.3% since the 2000 census. During that same period, the 45 to 64 year demographic increased by 13.3% from 137,947 to 156,351. This increase represents the “Baby Boomers”, which tends to be a more active group of seniors.

Slightly more than eighteen percent (18.2%) of the City's over -60 population has income below the poverty line, twice the proportion for Maryland as a whole. Baltimore City's over age 60 minority population is four times as likely to live in poverty as their minority counterparts in Maryland as a whole.

Furthermore, the 2010 Census estimates that there are 42,469 males 60 years and older and 28,407 males 65 years and older residing in Baltimore City. Females 60 years and older are estimated at 61,271, while there are 44,405 females who are 65 years and older.

It is within this backdrop that the Office of Aging and CARE Services designs its services. Baltimore City Health Department is appropriately designed to outreach educate and assist those



who are most in need of both health care related service and information. Educating the community in the needs of our older population is important as families, neighbors and caregivers are essential partners in the care of the seniors and frail and those disabled in the neighborhood we already serve. The coordination of Office of Aging and CARE Services is aligned in the roles and responsibilities of both grants management and service delivery that have existed in the Department since inception.

Relationships with area hospitals and service providers are a benefit for developing strategic partnerships that can help with both outreach but also in service delivery to those most in need.

The nutrition program of the Office as we deliver meals to both senior center and senior high-rise buildings allows the department access to new service delivery sites and encourages a cross fertilization of other Health Department services that can be provided. The Nutrition services of our Health Department helps in supporting the nutritional needs of our older adults. Title C3 of the as outlined by the Older Americans Act gains even greater strength via this strategic relationship.

Methods to Increase Senior Awareness of Services

News and information from our Health Department is now delivered at the Senior Centers. Health Care and education will bring a Healthier Neighborhood concept to the community at large with these senior center sites and high-rises. Specific methods to be used include updates to the Health Department's Website with links to other senior serving agencies; a re-designe brochures, relocation of Information and Assistance workers to senior centers; the development of a Resource Directory; Senior Center Awareness Days; and Senior Center Newsletters.

This move has provided seniors access to wrap-around services in one location, rather than having to navigate through several agencies for similar services. BHCA already provided many of the same services to individuals on Medicare and Medicaid, such as advocacy services, intake and referral services via a call center, ombudsman and case management services. For example, this consolidation has allowed grandparents caring for grandchildren in their homes to access services for themselves and their dependents in one location. The move of CARE's programs and services to the Health Department resulted in no reductions in services and achieved estimated savings of \$450,000 in Fiscal Year 2012. The cost is directly related to the elimination of three positions, and the assumption of administrative duties and responsibilities by existing Health Department staff. On behalf of the Office of Aging and CARE Services, we appreciate the opportunity afforded to us by City Council Resolution **12-0013R** to discuss our efforts and welcome further discussion.

cc: Angela Gibson, Office of the Mayor
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