



2013

**Needs Assessment of the Aging Population
in Frederick County, MD**

*Prepared by
JustPartners, Inc.*

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JPI also appreciates the contributions of our organizational partner in this project, the Center for Sustainable Communities of the International City County Management Association. While we have had excellent guidance from Frederick County leaders throughout the project, the JustPartners consulting team is solely responsible for the recommendations and conclusions in this report.

JustPartners, Inc., Baltimore, MD
September, 2013

Introduction

Most Americans want to stay in their own homes and communities as they age. Frederick County offers many attractive features that make the desire to age at home especially compelling. With the largest area of any county in the state (662 square miles), it is described as having the best of both worlds: urban *and* rural; being close to major cities, *but* far enough away. Residents appreciate its rich history, natural beauty, proximity to a large job market, and the many amenities, such as recreational opportunities, arts and entertainment, and community services.¹ Many people have the sense that folks look out for one another. Collaboration within and across the service provider community and government units is widely acknowledged. All in all, Frederick County is a great place to live. In the survey conducted for this Needs Assessment, 90% of the 1,003 respondents agreed with this conclusion, and only 8% indicated that they did not plan to stay in the County when they retire.

For Frederick County and the nation, changing demographics are creating the imperative to plan for an aging population, which will have doubled from the year 2000 to 2030. The sheer numbers of baby boomers have changed the nature of our society from their adolescence to their aging years. They expect their communities to adjust to their longer life spans, provide a variety of choices in key areas of life, support their ambition to work or volunteer in activities that are suitable for their expertise and experience, and accommodate their desire to continue active engagement in their neighborhoods and communities for many years to come.

Fortunately, Frederick County is clearly attuned to present and future issues around aging populations. In 2012 the Board of County Commissioners selected JustPartners, Inc. (JPI), in partnership with the International City County Management Association (ICMA), to undertake a needs assessment of the County's aging population. The purpose of the assessment is to enable Frederick County to analyze and implement the most needed services and amenities to enhance independent lifestyles and services for older adults, support their families and caregivers, and promote aging in place initiatives.

This report starts from the following assumptions:

1) Older residents are a natural resource whose talents and contributions to the life of the County are fundamental to its health and vitality.

2) Many attributes that make a community more senior-friendly enhance its livability for all ages.

3) Government alone cannot create the community that most older adults in Frederick County desire.

¹ http://frederickcountymd.gov/documents/7/128/895/SurveyRptUpdat_1.PDF, accessed 6.20.13.

This assessment complements other existing County plans and seeks wherever possible to have benefit for Frederick County residents beyond the older population. Much of what is undertaken today to benefit seniors is also beneficial to other generations, not only as they, too, age, but at their current ages. For example, support for seniors generally has positive effects on their caregivers, too. Redesign of homes, neighborhoods, and communities will accommodate differently-abled people of any age. Boomer needs and interests open up new business opportunities. Responding to the needs of seniors need not be a zero-sum game where only one generation benefits, at the expense of others. The intention of this assessment is to demonstrate the multiplier effects that can be achieved by responding to an aging population.

This Assessment seeks to demonstrate the multiplier effects that can be achieved for all residents when responding to an aging population.

For the assessment, the views of a broad cross-section of Frederick County residents were solicited, to include older adults, boomers, those under 50, and many stakeholders representing County government, municipal leadership, non-profit and service organizations, faith-based institutions, and business interests in the County. Of particular note is the impressive number of surveys completed by Frederick County residents – over one thousand. These views played a critical role in the development of this assessment and the determination of priorities and strategies set forth in this document. To frame and supplement the views of these constituencies, JPI/ICMA undertook a scan and analysis of local, state and national data, trends, strategies and practices.

This report reflects both the valuable assets that older residents are to the county as well as the needs these residents encounter as they age. Like their peers across the country, older Frederick Countians are healthier and more affluent and will stay active longer than prior generations. They want to stay in and give back to their communities. Their capacity to continue to serve their community as they age is unparalleled, as is their ability to contribute to its economic development. Frederick County residents who volunteer, many of whom are older, already fill gaps in services and enhance the ability of their more vulnerable peers to continue to live independently in their homes. Among their many volunteer activities, they deliver Meals on Wheels, provide care to older family members, counsel seniors about Medicare, offer transportation, and assist with other supportive services. Their volunteerism benefits other generations, as well.

At the same time, to be senior-friendly, the county must accommodate those older residents who are or will be frail, disabled or ill and need in-home or institutional support, both those who can afford to pay and those who cannot. Many older residents will need modifications to their homes to sustain their independence and will rely in their later years on modes of transportation other than the automobile. The ability to maintain health and a good quality of life are essential goals. Yet, as the population of Frederick County's older residents doubles, the constraints on public and nonprofit budgets will make it impossible to double the resources available specifically to older County residents. Aligned with the County Commissioners' Strategic Plan 2010-2014, which calls for the creative use of community resources, this

document proposes strategies for *all* sectors to enhance the well-being of Frederick seniors, as well as encouraging ongoing collaboration that can spawn further creative resource utilization.²

The **Vision** of the Needs Assessment of the Aging Population is **to ensure that Frederick County is a senior friendly community now and for the future**. The Assessment proposes seven interrelated goals that must be met to achieve this vision:

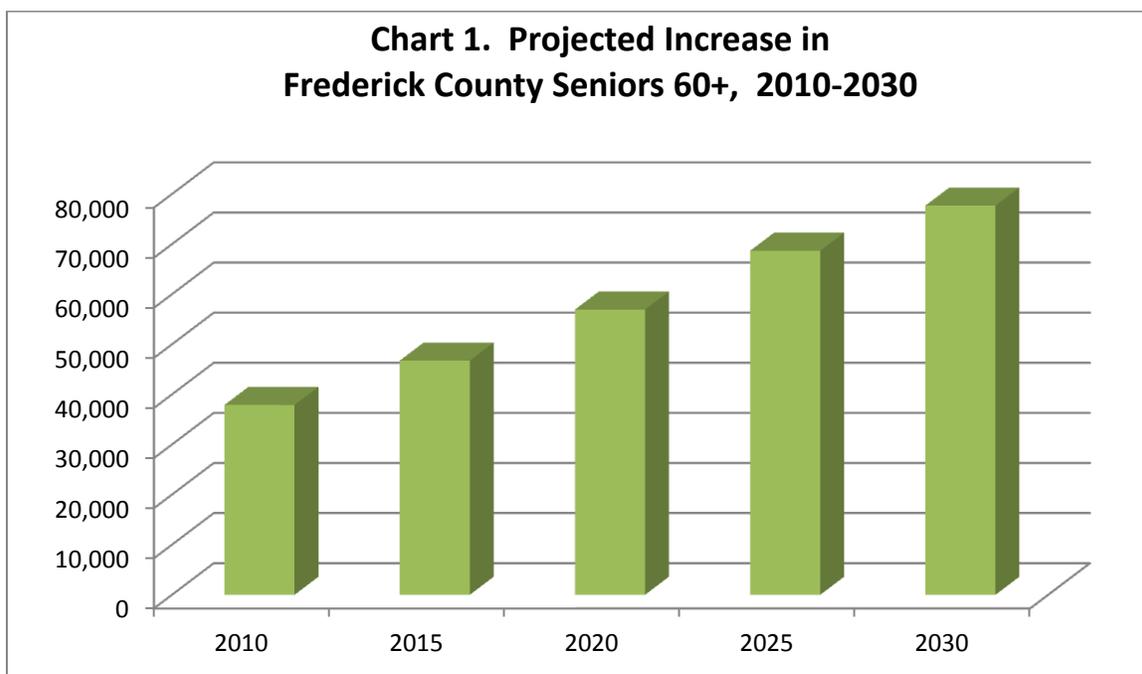
- **Goal #1. Accessible and Affordable Housing.** *A range of affordable, accessible and supportive housing is available that meets the needs of older residents of the county to be able to age in place.*
- **Goal #2. Transportation Options.** *A variety of mobility options, including pedestrian-safe streets, makes moving around the county possible for residents of all ages and abilities.*
- **Goal #3. Long Term Services and Supports.** *Those with chronic diseases or functional limitations, and who need assistance with their health and personal care, lead more independent and healthy lives because they receive long-term services and supports in their homes and communities.*
- **Goal #4. Opportunity for Health.** *All residents, with special attention to lower-income older county residents, optimize their wellness and receive the health care they require.*
- **Goal #5. Social and Civic Engagement.** *Older residents enjoy a good quality of life through ongoing community engagement. In particular, the quality of life of all county residents is enhanced by the many volunteer activities of its older residents and their continued involvement in the social and civic life of the County.*
- **Goal #6. Economic and Workforce Development.** *The important contributions of older residents to the county's economy are recognized and the innovative entrepreneurship of, and on behalf of, older residents is encouraged.*
- **Goal #7. Communications, Outreach, and Collaboration.** *Information about services and programs is readily available and accessible in a variety of formats and venues for older residents of Frederick County, their families and caregivers, local organizations and businesses. The County's governmental units, nonprofit service providers, funders, and businesses further strengthen their collaborative efforts on behalf of Frederick's seniors.*

² http://www.frederickcountymd.gov/documents/264/7761/7934/5.16%20amend%20strategic%20plan_201305131340151115.pdf, accessed 6.14.13.

Part 1. Why Now?

Dramatic Growth Projected in the Senior Population

The aging of baby boomers (those born between 1946 and 1964) and the increased longevity of older adults is having a pronounced influence on Frederick County. It is estimated that by 2030 the senior population (60+) will more than double *from about 37,000 today to over 77,000* (see Chart 1). Older resident numbers are increasing in all parts of the County – northern, southern, and Frederick City.³ Today people 62 years and over comprise 14% of the County population.⁴ In the last decade -- between 2000 and 2010, Frederick County's population 62+ grew by 47%.⁵



Source: <http://www.aging.maryland.gov/documents/demogtable1.pdf>

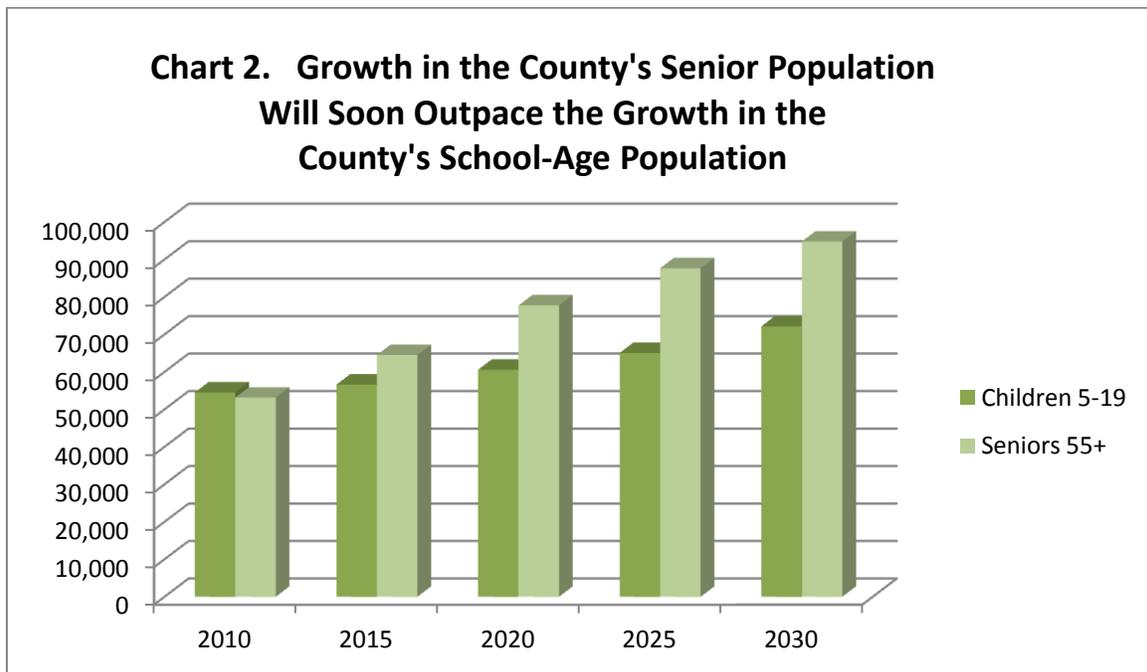
This Needs Assessment must address both the County's current older population and those who will reach that threshold in the coming years. Chart 2 suggests that seniors are the fastest growing natural resource in Frederick County. One important caveat about the chart: While it highlights the growth of the older population against the growth of children, it is not intended in any way to suggest that seniors' needs should be addressed *at the expense of children's*

³ Community Foundation of Frederick County, *Human Needs Assessment Report*, August, 2011, <http://www.cffredco.org/images/pdf/needsassessmentreport.pdf>, accessed 6.20.13.

⁴ <http://planning.maryland.gov/msdc/census/cen2010/sf1/sumyprof/profile/county/fred.pdf>, accessed 6.20.13.

⁵ <http://planning.maryland.gov/msdc/census/cen2010/sf1/sumyprof/comparison/fred.pdf>, accessed 6.20.13.

needs. To the contrary, the county values all of the generations, as does this report. For that reason, where applicable, we suggest ways that certain needs of seniors can be addressed through strategies that simultaneously benefit other age cohorts.



Source: <http://www.frederickcountymd.gov/ArchiveCenter/ViewFile/Item/286>

In 2012 the Frederick County Board of County Commissioners took leadership in anticipation of the continuing growth in its older population by authorizing the development of a Needs Assessment and strategies for the county to ensure that it is senior friendly. By way of contrast, a survey by MetLife revealed that less than half of the 10,000 local governments it surveyed were prepared to address the needs and tap the potential of their growing older populations.⁶ A follow-up survey of communities around the country revealed that only 30% have obtained the views of older adults about community responses to their needs.⁷ The decision by the Board of County Commissioners to support this Needs Assessment and a survey of older residents in spite of budget constraints is testament to their concern for older residents. At the same time, governments everywhere are struggling to balance budgets. Wherever possible, this Assessment strives to align with existing local strategic plans so that governmental and organizational energies and resources can be maximized.

Let's take a closer look at the current population of older residents in Frederick County today.

⁶ *The Maturing of America: Getting Communities on Track for an Aging Population*, http://www.livable.org/storage/documents/reports/AIP/maturing_of_america.pdf, accessed 6.14.13.

⁷ *The Maturing of America: Communities Moving Forward for an Aging Population*, http://www.n4a.org/files/MOA_FINAL_Rpt.pdf, accessed 6.20.13.

A Snapshot of Older Frederick County Residents Today

Distribution of seniors. Not surprisingly, as the two maps in Figure 1 below demonstrate, the older population is broadly dispersed throughout Frederick County. Both maps reveal the areas where concentrations are greatest. What the map on the right reminds us, however, is that even where *concentrations* of seniors are not great, older residents still reside in those places, and they are particularly vulnerable to isolation and having unmet need. The challenge for aging service providers in counties like Frederick is simultaneously to be able to serve all seniors in need while still maintaining efficiencies of existing resources.

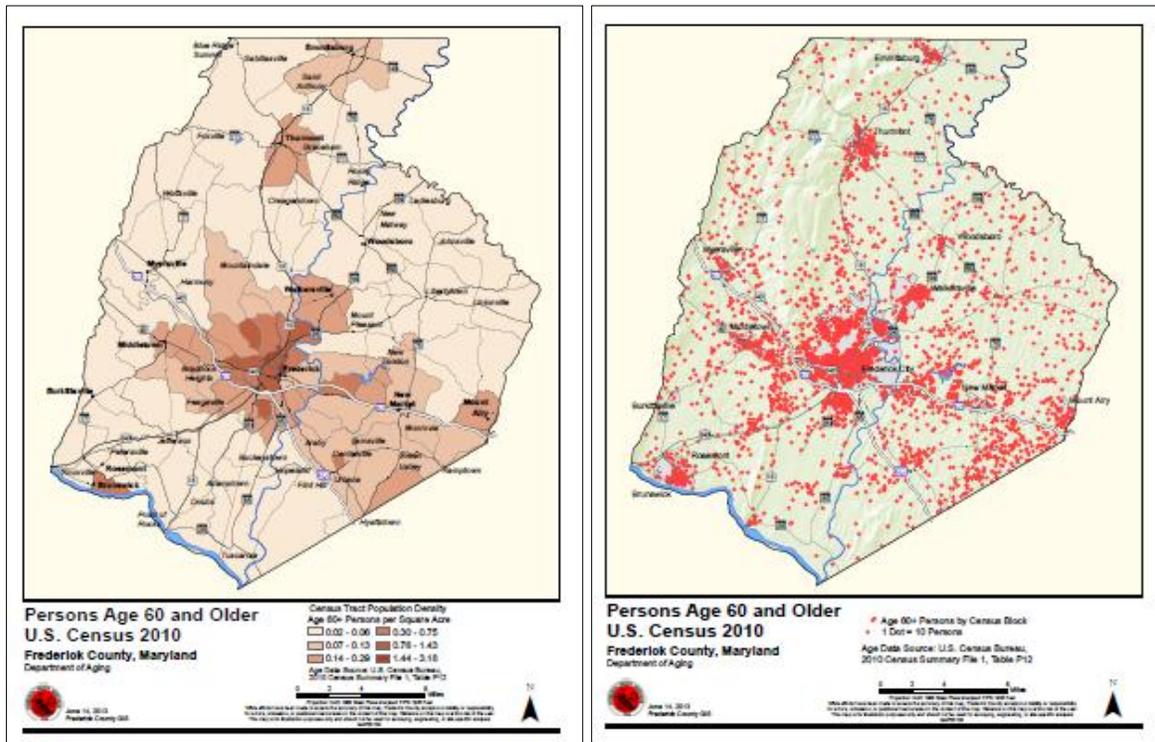
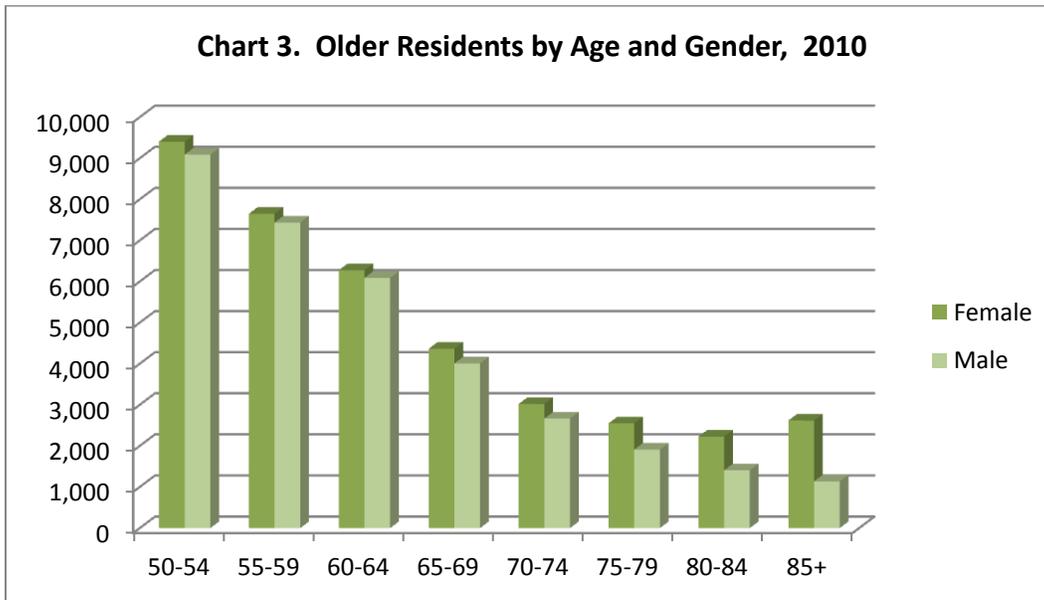


Figure 1. Distribution of Frederick County’s Older Residents, 60+

The gender gap widens with age. Like elsewhere, Frederick County’s older population reflects a gender gap within each age group, since women generally outlive men – despite the fact that mortality has declined somewhat for older men over the past decade.⁸ The older the group, the lower the sex ratio (the number of males per 100 females), as seen in Chart 3 below.

⁸ <http://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf>, accessed 6.20.13.



Source: http://frederickcountymd.gov/documents/7/233/234/DemoProfile_FrederickCo.PDF

This data point has implications for seniors' living arrangements, as discussed below.

Migration patterns are complex, but most older residents age in place. Seniors are a mixture of lifelong Frederick Countians, newer residents, and returnees. According to the Frederick County Division of Planning,

...elderly age cohorts have an interesting set of migration patterns. Typically, during retirement age many Frederick County residents move out of the state or County, resulting in a net migration loss. As many people reach the ages of 75 years and older they have a reverse migration trend, and more people move back into Frederick County rather than out; creating a net migration gain. These residents are most likely returning to live with family members and to be close to home once again. In general, the total residents over the age of 55, from 1995 to 2000, had the following migration breakdown: 74% of them did not move at all; 12% moved within Frederick County; 10% of them moved out of Frederick; and 14% of them moved into Frederick County.

Virginia is the state that provided the most elderly people (6%) to Frederick County, and Florida was the biggest state recipient, with 1 in every 6 out-migrants from the county. Locally, Montgomery County residents had the highest rate of in-migration to Frederick County, as 1 in every 4 elderly in-movers was previously a Montgomery County resident. Of the elderly residents who moved out of Frederick County, Washington County is the top destination.⁹ Anecdotal evidence is that other seniors who cannot find the services or affordable housing they need in Frederick County tend to migrate to Pennsylvania for services or West Virginia for housing.

⁹ http://www.frederickcountymd.gov/documents/7/278/ARC_FinalReport.pdf, accessed 6.14.13.

Projections from the Frederick County Division of Planning, shown in Tables 1 and 2 below, indicate that a considerable number of seniors will remain in place within the county, and other older residents will move within the county. In short, out-migrations are not expected to have meaningful impact on the county’s need to prepare for a rapidly expanding aging population. The large majority of Frederick County seniors expect to age in place. This finding is fully consistent with national census data analysis and a survey by AARP about migration in later life.¹⁰

Tables 1 and 2. Most Seniors Stay in Frederick County

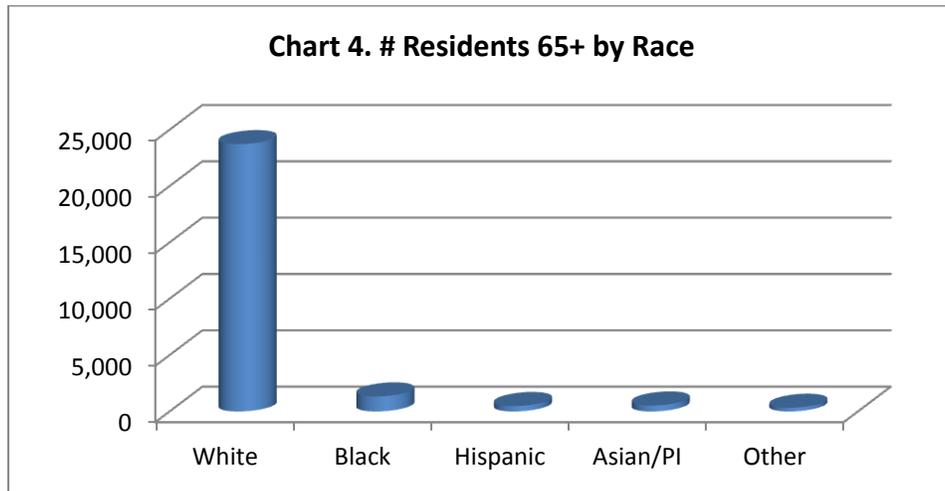
	2000	2010	2020	2030
55-59	7,059	11,755	16,038	13,180
60-64	5,228	9,936	13,566	14,591
65-69	4,007	6,239	10,242	14,106
70-74	3,832	4,296	8,326	11,672
75-79	2,639	3,132	4,842	8,035
80-84	1,864	2,260	2,644	5,287
85+	1,104	2,031	2,489	3,374
Total	25,733	39,649	58,147	70,245

	2000	2010	2020	2030
55-59	873	1,448	1,976	1,624
60-64	709	1,353	1,847	1,986
65-69	698	1,084	1,780	2,452
70-74	549	615	1,191	1,670
75-79	498	592	915	1,518
80-84	359	435	509	1,017
85+	448	823	1,009	1,367
Total	4,134	6,350	9,227	11,634

Source: http://www.frederickcountymd.gov/documents/7/278/ARC_FinalReport.pdf

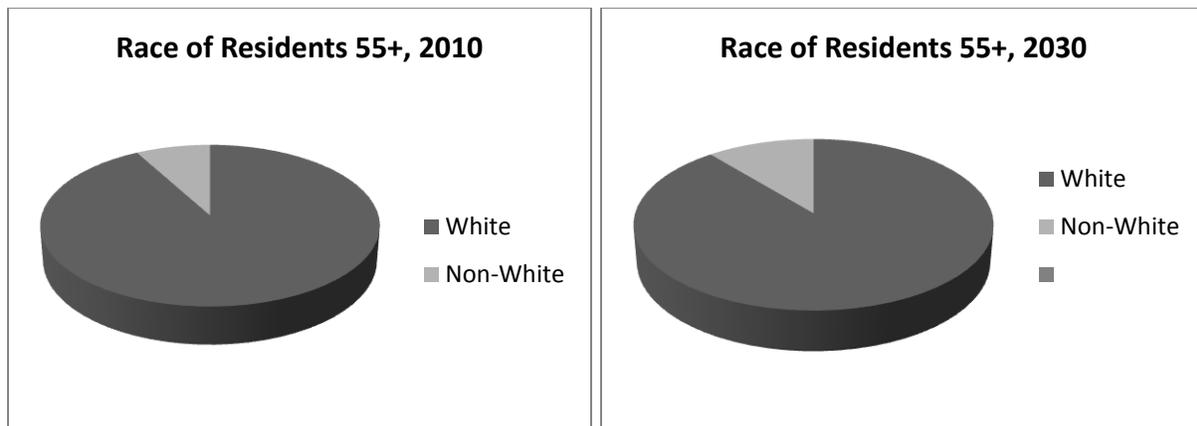
Seniors as a group are very slowly becoming more racially diverse. Younger Frederick County cohorts are more diverse, and thus subsequent cohorts of the older population will reflect that composition. Chart 4 provides 2010 U.S. Census data that show the racial composition of Frederick County’s 65+ population in total numbers.

¹⁰ AARP, *Aging, Migration, and Local Communities: The Views of 60+ Residents and Community Leaders*, http://assets.aarp.org/rgcenter/il/migration_1.pdf, accessed 6.20.13.



In 2010, 92% of Frederick County's *older residents* were White, while projections for 2030 indicate that this number is likely to decrease to 89% -- as Charts 5 and 6 below represent. The most notable overall population change is the growing presence of Hispanic/Latino residents.¹¹

Charts 5 and 6. Race of Older Residents, 2010 and 2030



Source: http://www.frederickcountymd.gov/documents/7/278/ARC_FinalReport.pdf, Table 17.

As we discuss later, the diversification of the older population along age as well as racial dimensions already has meaningful implications for aging services and supports.

The large majority of seniors of any age live in community households. Chart 7 below shows the living arrangements of seniors in 2010, as well as projections for 2030. Of particular note is that by 2030, almost one-third of older residents in households will be living in non-family households.¹² The data also show that women are more likely to be living alone than men.¹³ The 2010 census documents household diversity, where some older households are raising

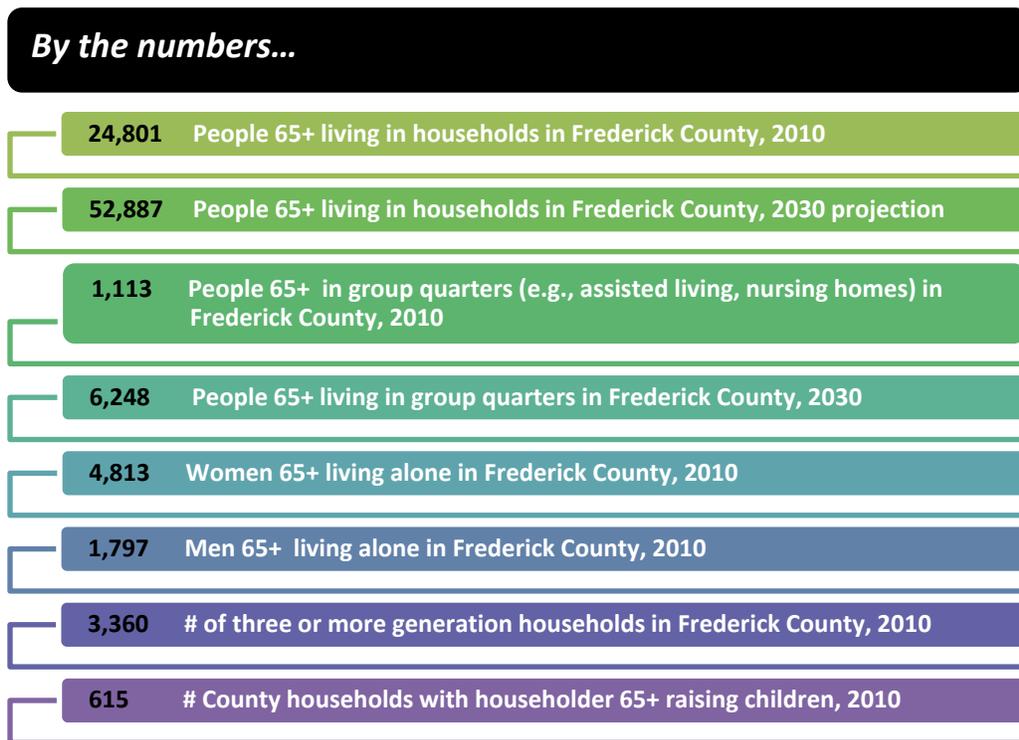
¹¹ http://frederickcountymd.gov/documents/7/233/234/DemoProfile_FrederickCo.PDF, accessed 6.15.13.

¹² http://www.frederickcountymd.gov/documents/7/278/ARC_FinalReport.pdf, accessed 6.15.13.

¹³ http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?_afpt=table, accessed 6.15.13.

children (usually grandchildren)¹⁴ and other households contain three or more generations.¹⁵ Further, seniors represent a meaningful segment of the housing market, with householders 60+ comprising about 30% of owner-occupied units and 21% of renter-occupied units.¹⁶ Rural areas of Frederick County accommodate about the same number of older households as do municipal areas.¹⁷

Chart 7. Older Residents and Living Arrangements



While many older County residents have income levels above the state and national median, poverty is a challenge for more than a thousand Frederick County seniors.¹⁸ In 2010, the *overall* median income of Frederick County households was \$81,686, which is above the state

¹⁴ http://planning.maryland.gov/msdc/census/cen2010/SF1/GenProf/cnty/SF1_fred.pdf, accessed 6.20.13.

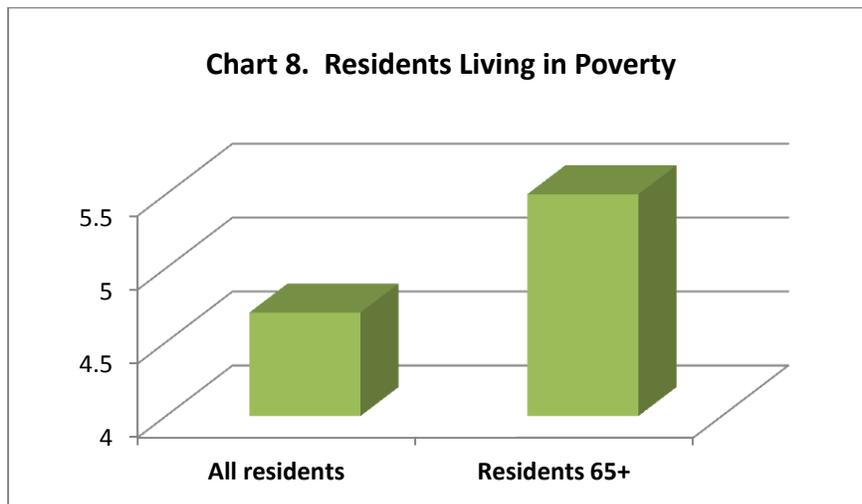
¹⁵ http://planning.maryland.gov/msdc/census/cen2010/SF1/GenProf/cnty/SF1_fred.pdf, accessed 6.20.13.

¹⁶ http://planning.maryland.gov/msdc/census/cen2010/SF1/GenProf/cnty/SF1_fred.pdf, accessed 6.20.13.

¹⁷ http://www.dhcd.maryland.gov/website/programs/McArthur/documents/Frederick_2012.pdf, Table 9, accessed 6.20.13.

¹⁸ The Census Bureau issues a Supplemental Poverty Measure in addition to the official Federal Poverty Guidelines that are used for determining eligibility for many government programs. In Maryland, the percentage of those living in poverty increases from 8 percent to 15 percent when the assessment is made through the Supplemental Poverty Measure. The traditional federal guidelines do not take into account the significant out-of-pocket medical expenses incurred by many seniors. <http://kff.org/medicare/issue-brief/a-state-by-state-snapshot-of-poverty-among-seniors/>, accessed 8.20.13. Further, the only source of income for 21 percent of those 65 and over is Social Security, with an average benefit of \$1,269. <http://www.socialsecurity.gov/pressoffice/basicfact.htm>, accessed 8.20.13. Social Security is the sole source of income for 36 percent of Hispanics and African Americans, 25 percent of Asians and Pacific Islanders, 19 percent of whites, and 20 percent of unmarried women. <http://www.nasi.org/learn/socialsecurity/benefits-role>, accessed 9.1.13.

median of \$70,647¹⁹ and well above the national household median of \$52,762.²⁰ As Chart 8 notes, in 2009, the *overall* poverty rate in Frederick County was 4.7%. Of all residents living in poverty, 11% were seniors,²¹ and of all seniors, 5.5% live in poverty – a total of 1,375 residents.²²



Older White males comprise the largest group of employed seniors, but employment declines with increased age for all groups. Estimates of employed seniors in Table 2 below come from the 2010 U.S. Census.

Table 2. Number of Employed Older Residents, 2010

Race x Gender	Total employed, Age 60-69	Total employed, Age 70+
White males	4100	840
White females	2920	715
Black males	185	30
Black females	225	15
Latino males	130	15
Latino females	35	0
Asian males	280	40
Asian females	75	0
All others, male	59	4
All others, female	25	15

Source: http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?_afpt=table

¹⁹ <http://www.maryland-demographics.com/>, accessed 6.20.13.

²⁰ <http://quickfacts.census.gov/qfd/states/00000.html>, accessed 6.20.13.

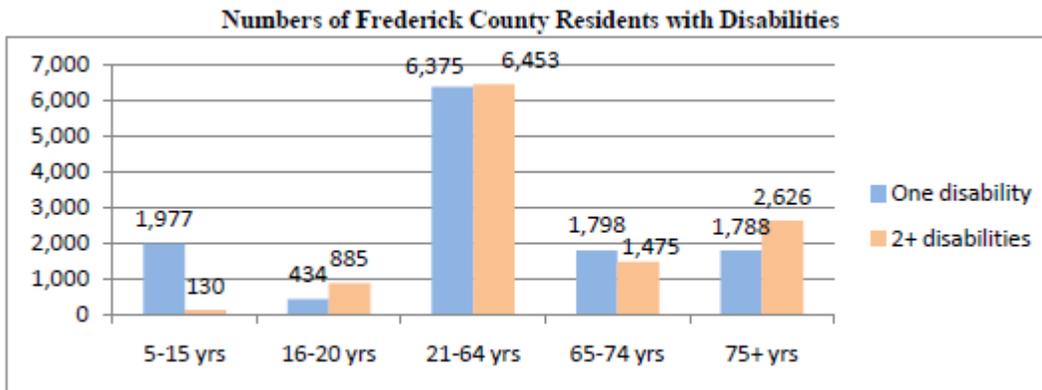
²¹ Community Foundation of Frederick County, *Human Needs Assessment Report*, August, 2011, <http://www.cffredco.org/images/pdf/needsassessmentreport.pdf>, accessed 6.20.13.

²² Maryland Department of Planning and Maryland Department of Aging, May, 2013, from US Census Bureau 2009-2011 American Community Survey.

As boomers age, they are more likely to stay in the workforce longer than previous cohorts.

Older residents with disabilities share needs for accommodation/support with other age cohorts. Chart 9 below reflects the fact that accommodations for seniors with disabilities can benefit all other generations, too. Of persons aged 65-74, 16% have one disability, and another 13% have two or more (sensory, physical, and mental disabilities that limit self-care, going outside the house, and/or employment). While seniors 75+ are the age group with the highest *percentage* of disabilities, the age group 21-64 comprises the greatest *number* of persons with needs for accommodation/support.

Chart 9. Residents with Disabilities Span All Age Groups



Source: <http://www.cffredco.org/images/pdf/needsassessmentreport.pdf>, Chart 23.

With this snapshot of Frederick County seniors in mind, a brief description follows that positions this Needs Assessment in the context of what is happening across the nation and in the state of Maryland.

The National and State Contexts

The aging of the U.S. population, including that of Frederick County, is one of the key social forces of the early twenty-first century. Since the start of 2011, each day 10,000 baby boomers in the U.S. turn 65.²³ By 2030 the number of older adults in the U.S. population will have *doubled* to 71.5 million,²⁴ and one in every 5 Americans will be over 65. Like the U.S. population, Maryland's older population is expected to grow to 25% of the State's population by 2030.

The unprecedented population growth implies that aging services will be in greater demand, but those services are likely to look different. Baby boomers, who are the emerging generation of seniors, arrive at later life in better health and with more education than previous generations, contribute half of all U.S. consumer spending,²⁵ and are interested in remaining engaged and active in the community as long as they can. More will continue to work, and they are expected to give more hours than other generations to volunteering. Localities across the nation are already expanding services to current seniors to provide them with care at home when possible so that they can continue to live in the community.

In the seven decades since World War II and the baby boom, the U.S. has witnessed enormous changes in:

- our economic structure and what drives it – from an industrial society to an information and services-driven society today;
- the range of family structures and the geographic dispersal of family members (e.g., smaller families, and residential mobility across family generations), which contribute to half of today's women 75+ living alone²⁶ and many older people having no family members nearby for social and economic support and caregiving;²⁷ and
- technologies to enhance personal and professional settings and individual care, but many seniors and caregivers lacking skills or equipment to benefit from them.

The arrival of the largest wave of the population, boomers, to later life is causing social and economic challenges that impact national, state, and local governments. This emerging generation of seniors, unprecedented in their numbers, is likely to:

- see the benefits and services it took for granted (e.g., Social Security, Medicare) up for political debate;
- live longer with chronic illnesses;
- watch health care, housing, and energy costs continue to rise;

²³ <http://www.multibriefs.com/briefs/naaaa/NAAAA082610.php>, accessed 6.15.13.

²⁴ *The Maturing of America: Getting Communities on Track for an Aging Population*, http://www.livable.org/storage/documents/reports/AIP/maturing_of_america.pdf, accessed 6.14.13.

²⁵ *Boomers Mean Business*, AARP Bulletin, 2010:20.

²⁶ http://www.aoa.gov/AoARoot/Aging_Statistics/Profile/2010/2.aspx, accessed 6.13.13.

²⁷ <http://www.prb.org/pdf11/aging-in-america.pdf>, accessed 6.12.13.

- work longer due to financial need resulting from unexpected changes in (or lack of) retirement savings;
- provide support for their adult children and experience a “boomerang” effect when adult children move back home for financial reasons;
- rely more on paid caregivers if they have small families and if family members live farther away, and those caregivers will be more likely to speak English as a second language.

Most recently, the Great Recession and the years that followed have upended many baby boomers in their 50s and 60s, whose income, savings and home values were dealt severe blows. They have difficulty finding employment if they lose their jobs.²⁸ Service providers and advocates in aging increasingly realize that the upcoming cohort of seniors (who tend to reject that label!) will not be like the current and previous cohorts. As such, they will bring new expectations for what “senior-friendly” means, which in turn will prompt new ways of thinking about services and supports for aging.

The upcoming cohort of seniors (who tend to reject that label!) will not be like the current and previous cohorts. As such, they will bring new expectations for what “senior-friendly” means, which in turn will prompt new ways of thinking about services and supports for aging.

Maryland has a distance to travel to upgrade access to long-term services. In a State and Long-term Services Scorecard based on an analysis of four criteria, Maryland ranks 24th among the states. The four criteria are comprehensive -- affordability and access, choice of setting and provider, quality of life and quality of care, and support for family caregivers. It is evident from this ranking that Frederick County residents can be better served by their State government.²⁹

²⁸ The headline of the *New York Times* article is: “In Hard Economy for All Ages, Older Isn’t Better...It’s Brutal”. <http://www.nytimes.com/2013/02/03/business/americans-closest-to-retirement-were-hardest-hit-by-recession.html?pagewanted=all>, accessed 6.14.13.

²⁹ AARP, SCAN, the Commonwealth Fund. http://assets.aarp.org/rgcenter/ppi/ltc/ltss_scorecard.pdf, accessed 6.25.13.

New Expectations and New Service Paradigms

Around 90% of older adults want to age in place, in their own home and in their own community.³⁰ They want to be near friends and family, in a community that they know, and one in which they can remain engaged. Research suggests that both baby boomers and their children want to live in communities that:

- Favor transit-oriented growth;
- Have high-density, walkable neighborhoods;
- Are committed to mixed commercial-residential development;
- Offer ready access to essential services and products; and
- Have smaller homes available in economically vibrant and culturally rich cities.³¹

A number of these factors are consistent with features that parts of Frederick County already have, as well as with county residents' expressed desire to contain sprawl that requires further automobile dependency and creates congestion.³²

The boomer generation is already prompting changes in traditional notions of senior services. For example, senior centers are revamping programs and the aesthetics of their settings in recognition that successive waves of seniors are more active, healthier, more engaged in the community, have more education than previous cohorts, and are more likely to work full or part-time.³³

In recent decades, national and state policies have supported a movement away from institutional care to one where services are home and community-based. In addition to older residents' preferences for in-home care, community-based supports offer meaningful cost savings in comparison to nursing home care. The Maryland Department of Aging reports that nursing home costs are more than double the cost of the Home and Community-Based Services (HCBS) Waiver for Older Adults, as Chart 10 below reflects.³⁴

³⁰ "Age-Proofing the Burbs," *AARP: The Magazine*, June/July, 2013.

³¹ <http://www.brookings.edu/research/articles/2010/11/real-estate-leinberger>, accessed 6.15.13.

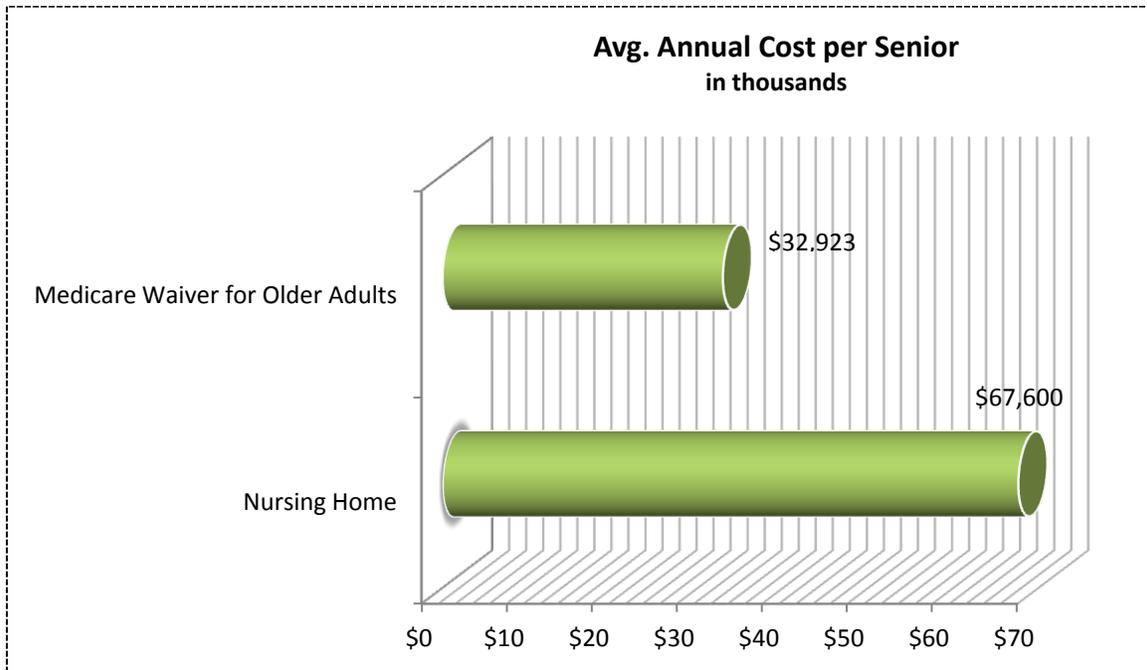
³² *Community Survey Results*, June 2008,

http://frederickcountymd.gov/documents/7/128/895/SurveyRptUpdat_1.PDF, accessed 6.20.13.

³³ E.g., <http://www.agingcare.com/News/Senior-Centers-Prepare-for-Baby-Boomers-146476.htm>, accessed 6.15.13.

³⁴ <http://mgaleg.maryland.gov/Pubs/BudgetFiscal/2013fy-budget-docs-operating-D26A07-Department-of-Aging.pdf>, accessed 6.15.13.

Chart 10. Community-Based Care is Cost-Saving



Source: Adapted from <http://mgaleg.maryland.gov/Pubs/BudgetFiscal/2013fy-budget-docs-operating-D26A07-Department-of-Aging.pdf>.

The Maryland Department of Aging states that it “has a long history of providing community-based long-term care services and supports (LTSS),” while it also acknowledges that 86% of its Medicaid funds have been spent on institutional settings, and only 14% for community settings. Many states spend much more on LTSS -- on average, 33%. The Department’s current plan promises a major change in focus, so that nursing homes will not play such a prominent role for upcoming cohorts who are aging in Maryland.³⁵

The shift to LTSS takes extremely careful coordination at both the state and local levels. As the need for nursing homes declines, the importance of housing, mobility options, access to community-based health care, nutrition, and many other support services increases significantly. Beyond in-home care, new models like the Green House are catching hold that reflect and promote significant cultural change in long-term care.³⁶ For communities, the challenge is clear. In almost every aspect of local planning and funding, considerations for older

³⁵ *Maryland State Plan on Aging, 2013 to 2016*.

³⁶ <http://thegreenhouseproject.org/green-house-model/overview>. The nearest example is in Baltimore, <http://www.catholiccharities-md.org/greenhouse/>, accessed 6.20.13. The Green House movement is driven by the idea that replicating the atmosphere of a home will greatly improve the quality of life for seniors who need the level of care of a nursing home. With common rooms and communal dining, private bedrooms and bathrooms, and ten to twelve residents in each house, Green Houses “support meaningful lives for elders, empower staff” and provide a “real home.” The Green House Project is a program of NCB Capital Impact, which provides technical assistance, training and pre-development loans. <http://thegreenhouseproject.org/green-house-model>

residents require a significant change in perspective – even while those being served by the traditional model have come to expect that.

A Word about Public/Private Partnerships

The traditional aging services network cannot adequately meet the growing needs of an aging population. Existing revenue sources are either too few in number or unreliable over the long term. As such, Area Agencies on Aging (AAA) are challenged to change with the times and take a leadership role that ensures the design and development of a sustainable delivery system of services that keeps pace with exponential demand.

Aging is everyone’s business, and the business of aging offers many opportunities for AAAs to capture a share of this evolving marketplace. AAAs can create corporate entities that seek partnerships and collaboration with private, for-profit companies in a win-win configuration that addresses the growing needs of persons both with means and those without. Generating fees for services can diversify revenue streams and increase the ability to meet the charitable purpose of serving persons unable to afford market rate prices for necessary services.



Aging is everyone’s business, and the business of aging offers many opportunities for Area Agencies on Aging to capture a share of this evolving marketplace.

This is not a new concept. Nonprofit hospitals, for instance, have earned income from serving patients with insurance that in turn enables them to care for the indigent. And they do this in a competitive marketplace. The opportunities for AAAs to translate their experience, visibility and credibility into money-making business partnerships exist in the areas of housing, home care, meal deliveries, and care coordination, to name a few areas. An entrepreneurial mindset coupled with successful public/private business pursuits will lessen financial stress on local governments and broaden the capacity to serve the needs of a wide range of the older population.

Where there is a will, the right corporate configuration, a brand campaign, and a modest investment (many donors understand social entrepreneurship), the opportunities for making money for good causes are plentiful. For example, in Virginia a business and an Area Agency on Aging created an upscale thrift shop, with minimal staff and volunteers. It generates over \$100,000 per year in profits that help subsidize assisted living for persons with low incomes. In another collaboration including that Area Agency on Aging and a local caterer, meals are delivered to the homes of aging adults who have the means to purchase them. On a much larger scale, AAAs partner with developers to create mixed-income housing and affordable assisted living. Frederick County is poised for such entrepreneurship.

The County's Opportunities & Challenges to Be Senior-Friendly

Frederick County has a number of assets and opportunities to be drawn upon to advance a senior-friendly community, including:

- Meaningful actions by the Board of County Commissioners (BOCC) that have addressed the needs of aging residents. The BOCC has approved the Senior Tax Credit, created and helped to fund a land trust that will increase the availability of affordable housing in the county, and has generously funded the Department of Aging to supplement state and federal contributions. The County continues to own and manage the Bell Court Apartments in Woodsboro for low-income residents. The BOCC has authorized development of a Taxi Voucher Program that will expand access to transportation for older residents and agreed to the development of this Needs Assessment on Aging to identify the unmet needs of those who are aging in the county. The President of the BOCC has supported the effort to raise private funds for Meals on Wheels.
- Recognition by advocates for the aging in the county of the necessity of requiring fees for some services from those who can afford them. In a time of increasing costs and tight budgets, and the steady increase of older residents, they clearly understand that government cannot be the sole support of aging programs, and are developing plans for identifying and obtaining additional sources of funds.
- The County's recognition that tough economic times can foster creative solutions. For example, its Comprehensive Plan calls for, when feasible, consideration of joint use of County facilities, "including but not limited to libraries, senior centers, health clinics, schools and public safety facilities."³⁷
- The County's policy to consult human service providers during preparation of Corridor and Community plans to ensure that human service issues, opportunities and uses are addressed and incorporated into those planning efforts.³⁸
- The collective work of the Local Health Improvement Plan, the Frederick Memorial Hospital Community Health Assessment and the County's Health Department and with other partners to improve the health status of residents in several high priority areas. These include access to health and dental care, mental health care, and chronic disease management, all of which are extremely important for seniors.
- The call within the County's plans for enhanced mobility options where feasible, such as increased access to public transit, sidewalks, and bike paths and placement of housing and

³⁷ Chapter 7, Serving Our Citizens, *Comprehensive Plan for Frederick County MD*, adopted April, 2010, <http://frederickcountymd.gov/documents/7/128/894/07-ServingOurCitizens.PDF>, accessed 6.20.13.

³⁸ Chapter 7, Serving Our Citizens, *Comprehensive Plan for Frederick County MD*, adopted April, 2010, <http://frederickcountymd.gov/documents/7/128/894/07-ServingOurCitizens.PDF>, accessed 6.20.13.

retail establishments in close proximity to them. This approach to planning decreases the need for automobile travel.

- The County's addition of "Health and Human Services" as a new element to its Comprehensive Plan, with its rationale stated as follows: "Foremost is the trend of an aging population that is projected to increase as a total proportion of the County's population. This will have implications for the level of direct services that County government provides and for other issues such as transportation and housing."³⁹
- The County's recognition in the Comprehensive Plan that its 2010 approach to transportation is a "significant departure" from its single-minded emphasis on automobiles. This change can benefit older residents, as many will stop driving at some point in later life.
- The twelve municipalities' plans mesh with those of the County, and increasing attention is being given to the needs of aging residents. See Appendix A for a background report on the municipalities and their assets for aging residents.
- Additional County strategic plans that assure that the County will augment the health care of some who are low income, and improve access to a variety of mobility options.
- Broad resident endorsement in a 2008 survey of the need for the County to attend to issues that have also emerged from this Needs Assessment, including public transportation, affordable housing, small business development, and the repurposing of existing infrastructures.⁴⁰
- Broad agreement across staff of Frederick County government agencies and County non-profit organizations that the willingness to collaborate to solve problems of residents is an abiding characteristic of the area.
- The considerable spending power of Frederick County seniors and boomers, whose needs and desires open up opportunities for local economic development.
- The desire of many older adults and boomers to remain engaged in the community. They bring a wealth of experience, expertise, and time to commit to Frederick County's well-being.
- Important steps by the Department on Aging to introduce activities designed for boomer interests as well as provide a new system for accessing aging services and supports that promises "no wrong door."

³⁹ Chapter 7, *Serving Our Citizens*, *Comprehensive Plan for Frederick County MD*, adopted April, 2010, <http://frederickcountymd.gov/documents/7/128/894/07-ServingOurCitizens.PDF>, accessed 6.20.13.

⁴⁰ *Community Survey Results*, June 2008, http://frederickcountymd.gov/documents/7/128/895/SurveyRptUpdat_1.PDF, accessed 6.20.13.

At the same time, Frederick County, like most other jurisdictions, faces some identifiable challenges. These still offer opportunities for innovation, as the Needs Assessment's later recommendations demonstrate. Challenges include:

- The Board of County Commissioners' decision to sell Montevue and Citizens, even as the need for affordable assisted living and nursing home care will only increase with the burgeoning aging population. As this Needs Assessment demonstrates, the incomes of many Frederick County residents are not sufficient to cover their requirements for supportive services in their elder years in facility-based care. The BOCC may want to look at the possibility of creating a public/private partnership for developing affordable assisted living that does not require long-term public spending. Once a facility is established, those paying market rates can make it possible to subsidize apartments for those with lower incomes.
- Budget constraints and cutbacks because of the stressed fiscal climate.
- Inevitable issues around the accessibility of services and supports, given the County's large size and limited transportation options.
- The inability of many low or moderate income seniors and boomers, who will still not be eligible for support under Medicaid expansion, to afford the services they need.
- An under-supply of home health care workers and geriatricians in the County.

The Need for a “New Math”

Local governments are facing a fiscal climate that cautions constraint. Single governmental units and nonprofits cannot alone address the complex and inter-related issues that today's communities face. Wherever possible, attention needs to turn to the preventive side of the equation so that strategic early investments preclude the need for larger ones down the road.

The good news in localities is the re-emerging recognition of the value of interconnectedness and collaboration, which Frederick County noticeably has. For example, a growing emphasis is being placed on multi-jurisdictional planning, the value of public/private partnerships, and greater efficiencies through resource-sharing. These emphases represent what we have termed “the new math.” A new math is achieved in two ways, through:

- **Economies of Scope:** 1 intervention solves multiple problems
- **Synergy:** 1 intervention + 1 intervention produces much more than 2 desired outcomes

What does this new math look like on the ground? One example of an *economy of scope* in action is described in the inset of this section. More compellingly, hear what people in the community have to say in this video of the “new math” at work in Swampscott, Massachusetts: <http://www.youtube.com/watch?v=kpKp6UPxxy>.

The choice to build shared space (the single intervention described in this example) solved multiple problems for Swampscott residents and leaders. Now let’s imagine adding other strategically-chosen interventions to this scenario to create even more desired outcomes through producing synergy. These might include:

- Constructing the new building in environmentally friendly ways, so that its occupants remain healthy, the environment is protected, and the environmental elements can become part of the school’s science curriculum.
- Engaging seniors as part of a program like Experience Corps (if this were an elementary school)⁴¹ to tutor children needing extra help. Experience Corps improves school grades and test scores, improves children’s attitudes toward older persons, improves the mental health of older volunteers, and reduces teachers’ stress because they have gained classroom assistants. Further, through programs like this, elders are more likely to become advocates for children, and older adults are then more likely to support local school budgets.
- Using some of the grounds to build a community garden, which could bring older and younger generations together in shared activity, enable Master Gardeners to share their expertise and supplement teachers’ instruction, provide a hands-on science project, increase the availability of fresh foods for consumption by both generations, and be linked to nutritional instruction for better health.

The New Math at Work...

Community planners in Swampscott, Massachusetts, had what appeared to be fiscally irreconcilable demands to build both a new senior center and a new high school. Instead of splitting the community in half trying to decide between the two, Swampscott leaders worked together and decided to build a state-of-the-art high school that also houses a senior center. The shining new facility is reaping the benefits of bringing younger and older people together under one roof. When budget cuts threatened to close the school library for two days out of the week, the older adults stepped up and volunteered to fill the need and kept the library open all week. The high school students have also started giving back to seniors by helping them use the latest technologies.

⁴¹ <http://www.aarp.org/experience-corps/>, accessed 6.21.13.

Strategies that employ economies of scope and synergy are prioritized in this report. They invite local decision-makers and constituencies to be creative with available human capital, financial capital, and other resources across all generations and sectors in order to make the response to local needs more likely and more sustainable.

The Needs Assessment Process

The Needs Assessment process was conducted by JustPartners, Inc., in partnership with the International City and County Management Association (ICMA), and in cooperation with the Frederick County Department of Aging and the Commission on Aging. It was designed to obtain a wide range of local input and information. The following steps were taken to ensure that local knowledge guided this document:

1. Regular consultation with Carolyn True, the Director of the Frederick County Department of Aging, and RaeAnn Butler, Chairperson of the Commission on Aging
2. Monthly meetings with the Commission on Aging; meetings with staff of the Department of Aging, with one devoted entirely to the needs /issues/challenges that Department of Aging staff see in their daily work
3. Four focus groups, whose participants are listed below

Participants, Focus Group #1	<ul style="list-style-type: none"> • Peggy Remsch – Way Station, Adult Services • Christina Forbes, Daybreak Adult Day Services • Heather Kirby, Frederick Memorial Hospital • Mike Spurrier, Frederick Community Action Agency • Theresa Hiegel, Frederick County Sheriff’s office, Victim Services Coordinator • Rev. Brian Scott, Religious Coalition for Emergency Human Needs • Diane Grove, Montevue Assisted Living • Andy Lett, Frederick County Parks and Recreation • Jamey George, The Freedom Center • Jeannine Jennings, Department of Social Services, Maryland Energy Assistance Program • Edi Stewart, LCSW-C • RaeAnn Butler , Administrator, Edenton Retirement Community
Participants, Focus Group #2	<ul style="list-style-type: none"> • Ray Brown, Supervisor of Adult Services • Dr. Barbara Brookmyer, Frederick County Health Officer • Nancy Norris, Director, Translt • Laurie Holden, Director, Workforce Services • Chip Jewell, Chief, Emergency Communications • Shawna Lemonds, Planning Manager

	<ul style="list-style-type: none"> • Jenny Short, Director, Housing and Community Development • RaeAnn Butler, Administrator, Edenton Retirement Community
Participants, Focus Group #3	<ul style="list-style-type: none"> • Elizabeth Chung, Life and Discovery • Tracy Bush, Legacy Financial, financial planning work with older adults and families • Cathy Hanson, Alzheimer’s Association • Bob Boyer, VP of local AARP chapter • Deborah Rhodes, Extension Service • Mary Lou Blessing, NARFE chapter • Dennis Ford, Dept. of Aging volunteer (Medicare, Medicare Part D counseling, helps seniors apply for gov’t benefit programs) • Josh Pedersen, CEO, United Way of Frederick County • Linda Myers, Mental Health Association • Meg Motter, AERS (Adult Evaluation and Review Service), Health Department • Kathy Hutchens, AERS • Bob Pitcher, Mental Health Management Agency • RaeAnn Butler, Administrator, Edenton Retirement Community
Participants, Focus Group #4	<ul style="list-style-type: none"> • RaeAnn Butler, Administrator, Edenton Retirement Community • Katie Rhinehart, Heartfield Assisted Living; Chair of Elder Services Provider Council • Dr. John Baker, Baker Rehab, Inc • Carole Luber, Right at Home Home Care • Eileen McLaughlin, Right at Home Home Care • Sandy Vorlaugher, Genesis Health Care College View Nursing Home • Cristine LoVetro, Attorney • Jane Barnes, Case Manager, Debra Levy and Assoc. • Linda Proctor, Social Worker, Homewood • Sue Stine, Homecall Home Health • Sue Osterman, St. Joseph’s Nursing Center • Carrie Bussard, Whitesells Pharmacy • Cathy Connors, Whitesells Pharmacy

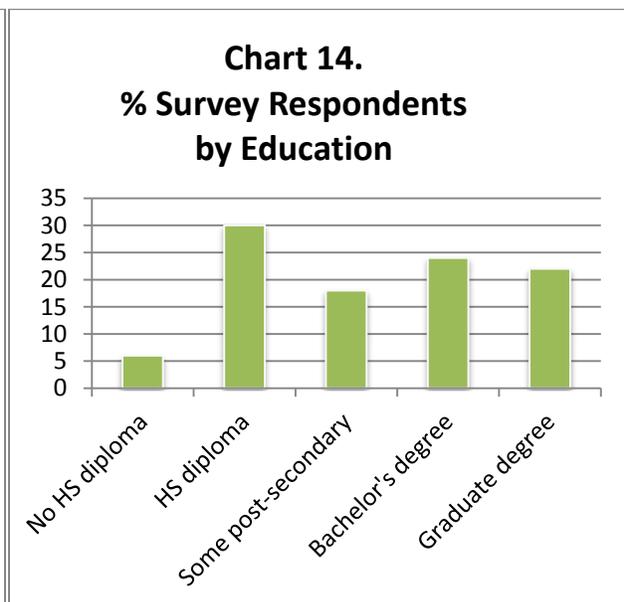
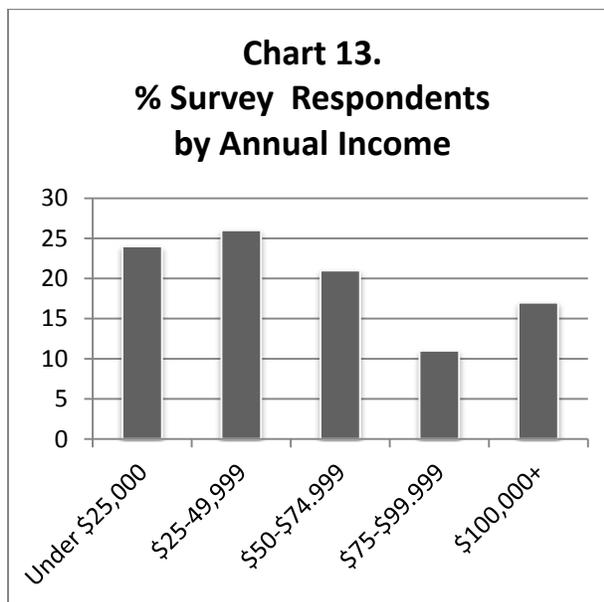
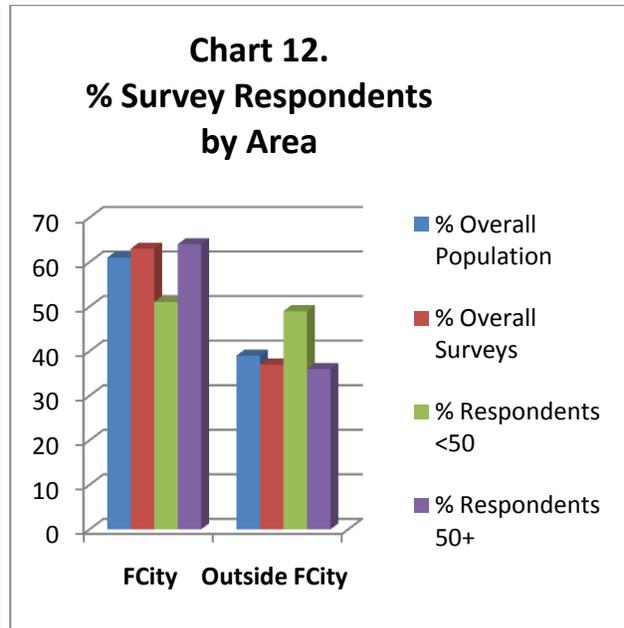
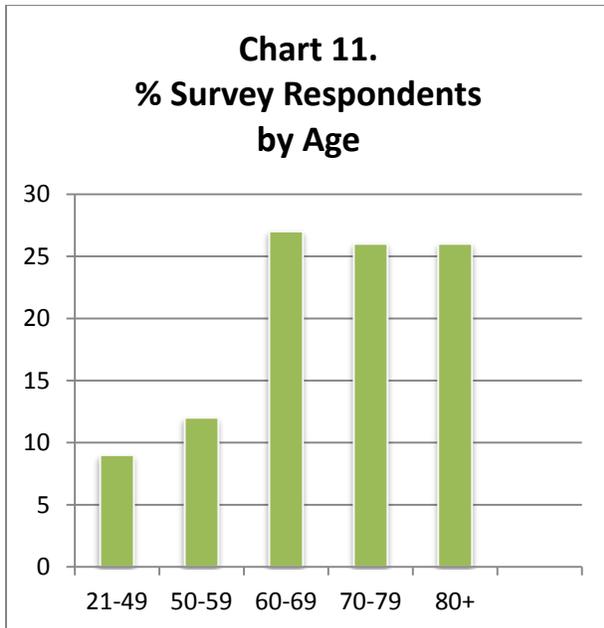
4. Communications and/or interviews with key officials and nonprofit and institutional leaders, as listed below:

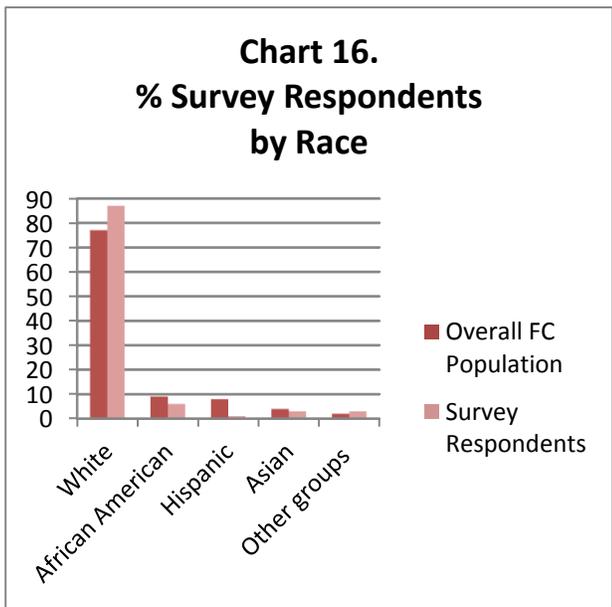
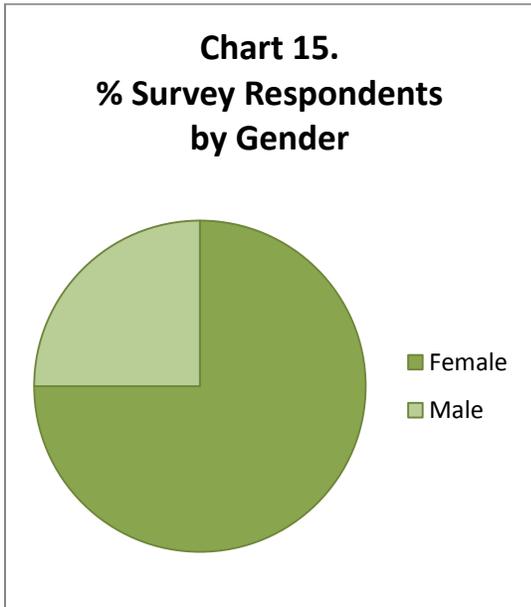
- Blaine Young, President, Board of Commissioners
- Shawna Lemonds, Planning Manager, Frederick County
- Brad Petersen, Frederick Community Action Agency

- Jenny Short, Director, Housing and Community Development, Frederick County
 - Heather Kirby, Director, Care Management, Frederick Memorial Hospital
 - Jennifer Holz, AARP Maryland's Director of Communications
 - Laurie Holden, Director of Workforce Services, Frederick County
 - Meeting with attendees at quarterly session of municipal planners of Frederick County
 - 12 municipal planners
 - Teresa Justice, Director, City of Frederick Housing Authority
 - Meg Motter, Director, AERS
 - Barbara Brookmyer, MD, MPH, Health Officer, Frederick County Health Department
 - Sarah Ferrall, Coordinator, Partners in Care
 - Helen Riddle Prophet, Director, Frederick County Business Development and Retention
 - Ilene Rosenthal, now former Deputy Director, Maryland Department of Aging
5. Receipt of electronic and hard copy surveys from 1003 county residents. This number comes close to the total of residents who responded to the survey that underlies the County's Comprehensive Plan and is nine times greater than that achieved by a survey two years ago assessing human needs in the County. The opportunity for survey participation through online response was advertised via the Frederick County home page, the Department of Aging home page, and the Frederick County Public Library website, where the link was available for one month. Participation was also made available by distribution of hard copy surveys at:
- | | |
|--|---|
| <ul style="list-style-type: none"> • Frederick County's four Senior Centers • Eight libraries • Golden Living • Sunrise • Lorien • Vindabona • Somerford • St. Joseph's • Seton Center • Edenton | <ul style="list-style-type: none"> • Elder Service Provider Council • Creekside • Participants in Asian Heritage month • Two African American churches • Golden Tones • Spring Ridge Senior Apartments • Buckingham Choice CCRC • Meals on Wheels clients • Frederick AARP chapter • Home-Delivered Meals program |
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Charts 11-16 below summarize the characteristics of the Frederick County residents who responded to the demographic questions in the survey. Just as we had designed the survey process, the bulk of responses came from boomers and current seniors, but we also tapped into people below 50 to sample their viewpoints about aging issues (Chart 11). Survey respondents closely reflect the county's overall geographic distribution of residents (Chart 12). As would be expected in a purposeful sample regarding aging social services, respondents'

income and education levels (Charts 13 and 14) are somewhat below that of the county's overall population, and the survey tapped into more females than males (Chart 15). Finally, because Hispanics were noticeably underrepresented among survey respondents (Chart 16), we reached out to Father Miguel Mateo, a parish priest at St. John the Evangelist Catholic Church in Frederick, who was able to generate input from 24 Hispanic/Latino residents, nine of whom were 50+. The major difference in the input from Hispanic/Latino residents and others we surveyed was in the former group's higher need for assistance in filling out forms. Otherwise, the needs expressed by these participants closely paralleled those of other Frederick County participants, including their desire to stay in Frederick County as they age.

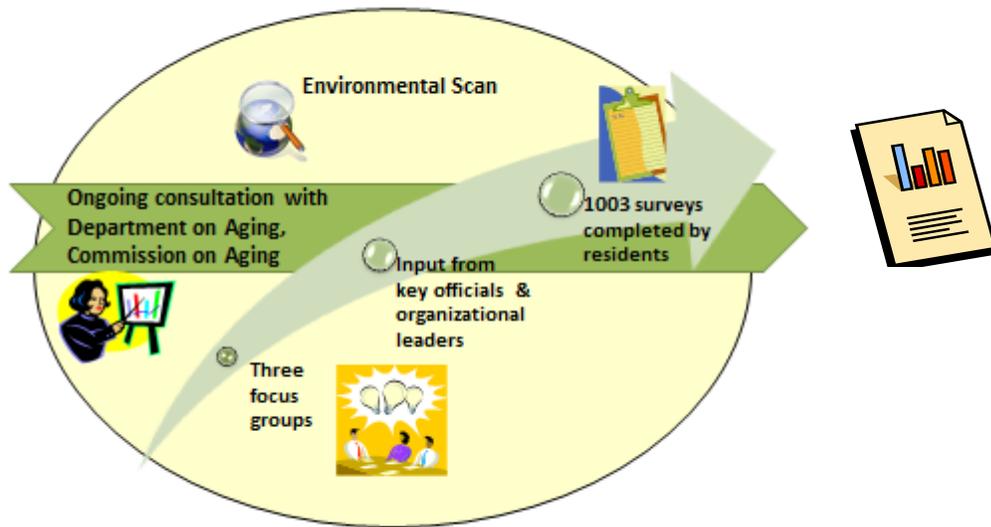




To complement local knowledge, an extensive environmental scan and analysis was undertaken of local, state, and national data, as well as trends, strategies, and practices relevant to Frederick County's needs and opportunities for the aging population.

In brief, the process of Needs Assessment development is diagrammed in Figure 2:

Figure2. The Needs Assessment Process



We now turn to what this process revealed regarding the needs of Frederick County seniors and boomers and recommend strategies to ensure that Frederick County achieves its aspiration of being a senior-friendly community.

Part 2. Needs & Responses

In order to position Frederick County more fully as a senior-friendly community, this Assessment has identified the following seven inter-related goals that must be addressed:

- Goal #1. Accessible and Affordable Housing**
- Goal #2. Transportation Options**
- Goal #3. Long Term Services and Supports**
- Goal #4. Opportunity for Health**
- Goal #5. Social and Civic Engagement**
- Goal #6. Economic and Workforce Development**
- Goal #7. Communications, Outreach, and Collaboration**

For each goal discussed below, we acknowledge the resources and assets that already exist, describe the needs that were uncovered in the assessment process, and offer ideas for specific steps that can be taken to respond to the identified needs.

Goal #1. Accessible and Affordable Housing. *A range of affordable, accessible and supportive housing is available that meets the needs of older residents of the county to be able to age in place.*

The desire of older adults to stay in their homes and communities, to age in place, is completely understandable. Homes are the site for celebrations and other memorable events, raising children, and conversations with family, friends and neighbors. They are the repository of memories and a place of refuge with familiar surroundings, as are the communities in which they are situated.

Yet, some homes become inappropriate settings for older adults unless they are modified. They may have too many steps, narrow hallways, cupboards that no longer can be reached, and bedrooms, bathrooms and/or kitchens that cannot accommodate someone with mobility limitations. Maintenance and yard work by older adults may be very difficult, and too costly, and the house may be deteriorating. Older residents in these circumstances can become trapped in their homes and isolated. Alternatives are not necessarily available because Frederick County's current housing stock is not affordable for many people. Assisted living can be a solution in some cases, but most of it is too costly for all but the affluent.

Those who choose to move into another home in the county may find that they cannot afford to buy or rent at current housing costs. Frederick County recognizes that the lack of local affordable housing is a critical need across households, regardless of age. It appears as the number one basic need in the 2011 *Human Needs Assessment Report* sponsored by the Community Foundation of Frederick County. The report noted, too, that the need for workers to live outside of the County in order to find affordable housing requires them to commute

farther distances to work, which contributes to the County's growing concern about greater congestion on the roads.⁴² Longer commutes also contribute to environmental degradation. In the 2008 Community Survey for the County's Comprehensive Plan, almost 70% of respondents who said that they could not find appropriate housing in Frederick County indicated that the reason was lack of affordability. Among their top three housing priorities, respondents chose "Encouraging workforce housing for moderate income residents and families."⁴³

A specific cost cannot be established for affordability for any given person or household, as many variables can influence affordability in any given year and location. The U.S. Department of Housing and Urban Development (HUD) maintains that housing costs create a cost burden if they exceed 30% of a household's income. HUD also points out that anyone who is cost-burdened by housing may be unable to meet their most basic needs for nutrition and health care.⁴⁴

When older Frederick County residents must leave the community they love to find housing that is less expensive, it is reported that a move to West Virginia, Pennsylvania, or Washington County is a commonplace choice. The County's Comprehensive Plan states that homeowners who sell their homes are likely to realize

Homes Designed for Accessibility and the Comfort and Safety of Everyone

Most homes are built for young families, with often little consideration of the needs of aging residents. At the same time, however, attitudes and laws have acknowledged the rights of persons with disabilities. The requirements of the Americans with Disabilities Act (ADA) have made structures, streets and intersections, landscapes and community amenities more accessible. The ADA influenced the development of services and products called Universal Design, which makes it possible for everyone to enter and move around homes and other structures in spite of physical limitations. The goal of Universal Design is to create aesthetically pleasing adaptations of structures and community amenities, products and services at minimum cost, to make them useful to as many people as possible. For homes, a no-step entrance at one entry point, doorways at least 36 inches wide, first floor hallways 42 inches wide, and a kitchen, bathroom, and bedroom that allow sufficient room to maneuver, make homes more "visitable". Homes built in this manner can easily accommodate wheelchairs, walkers, parents pushing strollers, and those moving furniture and appliances.

⁴² Community Foundation of Frederick County, *Human Needs Assessment Report*, August, 2011, <http://www.cffredco.org/images/pdf/needsassessmentreport.pdf>, accessed 6.20.13.

⁴³ *Community Survey Results*, June 2008, http://frederickcountymd.gov/documents/7/128/895/SurveyRptUpdat_1.PDF, accessed 6.20.13. A report from George Mason University's School of Public Policy, *Housing the Region's Future Workforce, Policy Challenges for Local Jurisdictions*, makes the compelling case that the Washington region's economy will depend on the development of sufficient housing as a result of the projected influx of over 1,000,000 workers from 2010 to 2030. The report also projects a change in home ownership rates from 64% percent to 55%, while 45% will rent. If patterns of in and out-commuting do not change, it can be expected that Frederick County would require 11,708 new units of affordable rentals to accommodate a growing workforce. http://cra.gmu.edu/pdfs/studies_reports_presentations/Housing_the_Regions_Workforce_Oct_2011.pdf, accessed 6.22.13.

⁴⁴ <http://www.hud.gov/offices/cpd/affordablehousing/>, accessed 9.11.13.

sufficient cash equity to afford a facility such as assisted living or a nursing home to accommodate their needs.⁴⁵ This may be correct in some cases, but the desire of most residents is to stay in their current homes for as long as possible – which can create circumstances that substantially *reduce* the value of the home, such as the inability to maintain the home on a fixed income. Older adults typically hope to leave their homes to their children and are therefore unwilling to sell or accept a low-cost loan that would require them to assign their title to the home to a lender or local or state agency. Fortunately, it is rather rare for seniors to be homeless, according to the Frederick Community Action Agency.

“Accessory apartments” can be a desirable solution for some families. Sometimes called an accessory dwelling unit, a granny flat, or a mother-in-law suite, accessory apartments are a self-contained, independent unit within a single-family home, or within a separate accessory structure located on the same lot as a single-family dwelling. Accessory apartments include a bathroom, kitchen and bedroom, thereby assuring a degree of independence.

In addition, the Frederick County Department of Planning assessed the demand for age-restricted communities, and it concluded that Frederick County already appears to have met its 25-year high-estimate demand for 6,000 units within age-restricted developments.⁴⁶

Multiple participants in the focus groups we conducted also emphasized the lack of affordable, accessible housing. They stressed that prices keep going up for those on limited incomes and that some subsidized housing offers no access to mass transit. A related issue is the long waiting list for affordable in-home care, coupled with insufficient numbers of Medicaid slots (see Goal 3 below). People with disabilities and everyday functional limitations are sometimes forced to go into nursing homes, as alternatives in the community are not available. Despite the highly visible needs around housing, groups that support affordable housing in Frederick County are viewed as fragmented in their efforts.⁴⁷

What Already Exists

The County, the state of Maryland and the federal government offer many programs to help older residents stay in their homes, but still these are insufficient for the rapidly rising number of older residents. Greater longevity is particularly complicated for those who have become frail or have physical limitations. People 85 and older are the fastest growing age group in the country, and their needs are also the greatest.

Support in Current Homes

⁴⁵ *Comprehensive Plan for Frederick County MD*, adopted April, 2010, <https://frederickcountymd.gov/documents/7/128/894/CompleteDoc.PDF>, p. 35, accessed 6.15.13.

⁴⁶ http://www.frederickcountymd.gov/documents/7/278/ARC_FinalReport.pdf, accessed 9.11.13.

⁴⁷ Community Foundation of Frederick County, *Human Needs Assessment Report*, August, 2011, <http://www.cffredco.org/images/pdf/needsassessmentreport.pdf>, accessed 6.20.13.

The following forms of assistance are available to older residents:

- Maryland and Frederick County offer tax credits to qualifying homeowners. Frederick County has offered a **Senior Tax Credit** since July 1, 2012. For residents to be eligible, homeowners must apply for the Maryland Homeowners' Tax Credit, which limits eligibility to households whose total income does not exceed \$60,000 and whose home is the principal residence. Net worth cannot exceed \$200,000 (excluding the value of the property for which the tax credit is sought, Individual Retirement Accounts and qualified retirement savings). The Frederick County Senior Tax Credit is administered by the state and is automatically applied for those who receive the Maryland Homeowners' Property Tax Credit. Tax credits do not apply to home values over \$300,000 and recipients must reapply every year.⁴⁸
- Accessible Homes for Seniors, a program sponsored by the Maryland Department of Housing and Community Development and the Department of Aging, provides **zero-interest deferred loans** for those 55 and over who require accessibility improvements to be able to remain in their homes. The loans, which are deferred for 30 years, are available to homeowners for their principal residence if their income does not exceed 80% of the Washington DC Metropolitan Statistical Area. A lien is placed on the property until the home is sold. The home must be structurally sound and free of health and safety hazards, and must not be subject to federal or state liens, open bankruptcy or foreclosure.
- **Weatherization** is offered by the Frederick Community Action Agency. Most who avail themselves of the service are seniors. While landlords can refuse to make changes that lower energy costs, most are reported to be helpful.
- **Housing rehabilitation** programs are available, including the Frederick County Emergency Rehabilitation Program; Maryland Housing Rehabilitation Program; Indoor Plumbing Program; Lead Hazard Reduction Grant and Loan Program; Federal Lead Hazard Reduction Program; Accessible Homes for Seniors Program; and Special Targeted Applicant Rehabilitation. For more information, see Appendix B.
- Using volunteers, Rebuilding Together Frederick provides **home modifications** to those referred by the Department of Aging. On Rebuilding Day, April 27, 2013, 13 homes were modified. Dedicated to ensuring the safety and independence of low-income seniors and those with disabilities, this affiliate of the national organization installs handrails and grab bars, replaces porches and stairs, corrects electrical hazards, repairs plumbing problems and roofs, hauls trash, builds ramps, works in yards, paints, and secures medical equipment and assistive devices.⁴⁹

⁴⁸ <http://www.dat.state.md.us/sdatweb/htc.html>, accessed 6.19.2013.

⁴⁹ <http://www.rebuildingtogetherfrederick.org/homepage.aspx>, accessed 6.23.13.

Affordable Housing

Frederick County's affordable housing resources include the following:

- The County's **Housing Ordinance for Moderately Priced Dwelling Units** (MPDU) -- requiring 12.5% of homes in new developments to be affordable, was amended in 2011 to allow developers to make payments in lieu (PIL) of creating the required percentage of MPDUs. This fund is used to create or preserve affordable housing for county residents and to help finance the Frederick County Affordable Housing Land Trust LLC, which has the potential to provide significant affordable housing.
- The **Frederick County Affordable Housing Land Trust LLC**, a public-private partnership, has been established to address the urgent need for affordable housing. Habitat for Humanity of Frederick County, Inc. is the sole member. Through the Land Trust, the county will help to assure the expansion of permanent, stable, long-term workforce housing for those with low to moderate incomes. The Land Trust will be launched with a Maryland Neighborhood Conservation Initiative grant of \$440,500, a County contribution of \$270,000 and an additional County Start Up contribution of \$50,000. All County contributions are provided through funding under the Moderately Priced Dwelling Unit Payment in Lieu Ordinance.⁵⁰ Seniors may apply for housing available through the Land Trust, which will serve households earning up to 80% of the area median income. The Land Trust can fund a variety of methods for creating affordable housing, to include acquisition through purchase or donation, rehabilitation of existing homes, and development of new housing. For more information, see the Memorandum of Understanding for the Land Trust, Appendix C
- The Maryland Neighborhood Conservation Initiative (NCI) provides grants for projects that improve and revitalize neighborhoods. Frederick County received \$1,000,000 in NCI funds, of which \$509,500 is for **down payment assistance** and, as already noted, \$440,500 is for the Land Trust. NCI is funding the operational set up of the Land Trust and the purchase of the first four properties. Down payment assistance is for households earning up to 120% of the area median income.⁵¹
- The **Frederick County Housing Initiative Fund** (HIF) is another local funding source to help create and preserve affordable housing. The HIF receives revenue from a variety of sources, including loan repayments and payments by developers under the County's Moderately Priced Dwelling Unit Payment in Lieu Option. HIF funding has been used to provide capital and gap dollars to fund new construction, preserve existing homes, and finance the

⁵⁰ The County's funding is being provided under a Memorandum of Understanding, which is subject to renewal on an annual basis through the County's budget process. The County's contribution and interest in each Land Trust unit will be secured covenants, and the County will have the first right of refusal. Ownership of the Land Trust has been assigned to Habitat for Humanity of Frederick County, whose board of governors is appointed by Habitat. Upon purchase by a buyer, the Land Trust retains ownership of the land; the homeowner owns only the home. When a home is resold, the Land Trust keeps 60% of any appreciated value and the homeowner receives the remaining 40%. The Land Trust also determines the price of resale, as homes in the land trust must be sold at affordable prices.

⁵¹ For a one person household, \$90,150; two persons, \$103,000; three person, \$115,900; four persons, \$128,750.

rehabilitation of rental housing. The HIF has been a major source of leverage for state and federal housing grants that provide homeownership opportunities. Future use of the HIF includes funding for the Frederick County Affordable Housing Land Trust and the provision of grants to local sheltering agencies. The flexibility provided by the HIF enables a continuum of housing options for Frederick County residents.

Subsidized housing includes the following:

- There are **14 subsidized apartment buildings designated for older adults** in the County.⁵² As we document below, their availability for low-income residents is extremely limited. In many cases waiting lists are closed; openings are so infrequent that housing for those on the waiting list is not likely to materialize.
- The **County** subsidizes the rents of low-income occupants of about 450 housing units through the Housing Choice Voucher (Section 8) program of the U.S. Department of Housing and Urban Development (although the number will be reduced due to sequestration). Recipients of vouchers may choose their own housing, though only moderately priced rental housing qualifies for the vouchers. Recipients pay approximately 30% of their adjusted gross income for rent, and the voucher program covers the remainder.
- The County played an important role in the development of **Victoria Park** at Walkersville through its PILOT (Payment in Lieu of Taxes) program, which reduces taxes \$100 per unit per annum for 15 years. This program provides for the payment of a negotiated amount in lieu of payment of Frederick County real property tax on an approved housing development, either new construction or rehabilitation, that provides rental housing for low or moderate income citizens. For **the Seton Village** project in Emmitsburg, where 43 rental apartments will be available to older adults at or below 50% of the area median income, the County has committed to waive impact fees. Five of the apartments will be accessible for those with mobility and other disabilities, and one will accommodate renters with hearing and/or vision limitations. **Bell Court** Senior Housing, owned by Frederick County government, and operating under a State Regulatory Agreement, has 28 one-bedroom cottage apartments for low-income seniors 62 or over.⁵³ The waiting list is open, but usually only two to three vacancies occur a year.⁵⁴
- The Housing Authority of the **City** of Frederick provides affordable rental housing for older and disabled adults in **Catoctin View** and **Catoctin Manor**. Catoctin View, built in 1970, is a hundred-unit, seven-story building that overlooks the City and Catoctin Mountain; the adjacent 23-unit Catoctin Manor was completed in 2007. Currently the waiting list for these residences is 37 applicants. The Authority also administers 650 Housing Choice Vouchers (**Section 8**), the federal program which enables low-income individuals and families to

⁵² http://frederickcountymd.gov/documents/29/36/Senior%20Housing%20Resources_201306251415080260.pdf, accessed 9.12.13.

⁵³ People 62 years or over are eligible if their income is at or below 50% of the area median income, which is currently \$37,600 for one person or \$42,900 for a two-person household.

⁵⁴ https://frederickcountymd.gov/documents/29/36/Senior%20Housing%20Resources_201302281055444594.pdf, accessed 6.22.13.

choose their housing, which must meet the criteria of the program. Currently the waiting list for a voucher from the City is 67 applicants. Older adults are also eligible for the public housing in the City.

Accessory Dwellings

- Frederick County has established a two-tier system of review and approval for accessory apartments. The **Limited Accessory Apartment**, or first tier, is permitted as an accessory use to a single family dwelling and is approved by the Zoning Administrator where several provisions can be met (Section 1-19-8.212 of the Frederick County Zoning Ordinance). The Limited Accessory Apartment may be located within a single family dwelling with no limitation on size, or it may be located within an accessory structure on the same lot but is restricted to a maximum of 800 square feet. The **Accessory Apartment**, or second tier, permits an accessory apartment located within an accessory structure to exceed 800 square feet, but requires special exception approval by the Frederick County Board of Appeals.⁵⁵ Plans must be approved by the Frederick County Department of Permits and Inspections, and the owner of the property must reside in the principal dwelling. Two additional off-street parking spaces must be provided for the accessory apartment, and the setback requirements are the same as those for the principal structure.⁵⁶

Examples of the Wide Divide between Housing Need and Availability

2012 Deeply subsidized rental units: 175 v. 1,655 senior households with incomes <30% of median

2030 Estimated need for assisted living and nursing home spaces (unless sufficient community-based long-term services and supports become available): 6,248 v. 1,810 available today

Assisted Living and Nursing Home Facilities

- These residences provide the needed continuum of care for those who cannot remain in their homes. Appendix D lists the 16 assisted living facilities and 9 nursing homes in Frederick County, with the numbers of beds each provides. Overall, 771 beds are available in assisted living facilities and 1,039 in nursing homes.

Documented Needs

- As already noted, both the 2011 *Human Needs Assessment Report* sponsored by the Community Foundation of Frederick County and the 2008 Community Survey for the

⁵⁵ Section 1-19-8.321 of the Frederick County Zoning Ordinance

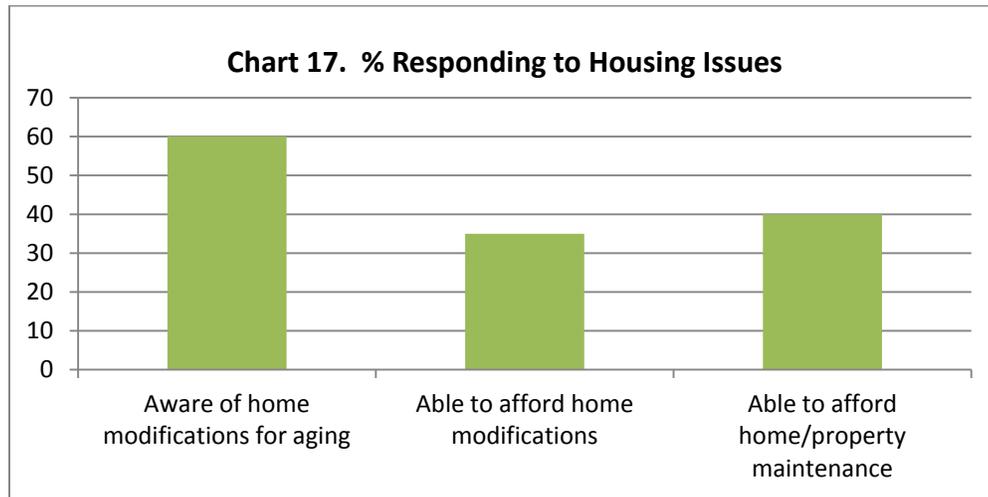
⁵⁶ Sections 1-19-8.212 and 1-19-11.100 in the Frederick County Zoning Ordinance, August, 2012

[http://www.amlegal.com/nxt/gateway.dll/Maryland/frederickco_md/frederickcountymarylandcodeofordinances?f=templates\\$fn=default.htm\\$3.0\\$vid=amlegal:frederickco_md](http://www.amlegal.com/nxt/gateway.dll/Maryland/frederickco_md/frederickcountymarylandcodeofordinances?f=templates$fn=default.htm$3.0$vid=amlegal:frederickco_md), accessed 6.22.13. The only zones where accessory apartments are not permitted are in the general commercial and industrial districts.

County's Comprehensive Plan ranked affordable housing as a critical need. In many cases, waiting lists for the County's subsidized apartment buildings designated for older adults are closed, as openings are so infrequent that the housing for those on waiting lists would never materialize. Further, many seniors earn just a bit too much to qualify for housing subsidies, but still very much need affordable housing.

- The 2012 *Multi-Family Rental Update of Frederick County*⁵⁷ details the shortage of rental units for lower- and moderate-income seniors. The report estimates that “35% of all senior-renter households in Frederick County are rent-overburdened.” It further states that “the inventory of deeply subsidized units in Frederick County is small, numbering only 175 units,” while there are an “estimated 1,655 senior households aged 62 and over with incomes below 30 percent of median income.” While 301 Tax Credit units exist, 3,042 senior households have incomes between 30 and 60 percent of the area median income. This situation will only worsen, as the number of households 62 years and over is projected to increase in the next five years by over 3,000.
- The City of Frederick has not seen much activity with MPDUs (Moderately Priced Dwelling Units), but the improving housing market should expand their development. The Frederick Community Action Agency administers the ordinance.
- The County Planning Department projects the need for 6,248 spaces in group-living quarters (assisted living, nursing homes) by 2030. Frederick County currently has 1,810 such beds available (771 in assisted living, 1,039 in nursing homes). A greater availability of Long-Term Services and Supports, however, could reduce this estimate (see Goal 5 below). For the near-term, however, focus group participants expressed their concern with the lack of sufficient affordable assisted living facilities. They noted that the sale of Montevue and Citizens will likely make the situation worse. Sixteen family members called Montevue about subsidized assisted living in February, 2013, alone.
- Frederick County is one of only two Maryland counties without subsidized group homes. If the County received such State subsidies, other counties would lose funding, as the pool of funds is limited. The Department of Aging could revisit this issue if Frederick County needs exceed those of other counties.
- Among our survey participants who responded to specific questions about housing upkeep, Chart 17 below suggests the need for assistance to be able to age in place. Over half of the respondents are aware of the kinds of home modifications that are needed to age in place, but less than half are able to afford these or to afford basic home and property maintenance.

⁵⁷ Real Property Research Group, detailing rental properties with 20 or more units. http://frederickcountymd.gov/documents/29/36/Multifamily%20Rental%20Market%20Update%20-%202012_201307260941311230.pdf, accessed 9.11.13.



- According to focus group participants and interviews with others, a major issue in housing (among other issues) is getting word out to seniors (see Goal 7 below). They receive insufficient communication; do not have the advocates to help them understand the resources available; need someone to help walk them through sometimes complicated processes; and are skeptical about loans from the state of Maryland and about reverse mortgages, even though they don't know very much about them. Some are house rich and cash poor, with rural residents more likely to live in poverty.

Strategies to Address the Needs

The **County and City** can support aging in place with the following steps:

- Support the County's continued funding for the Frederick County Affordable Land Trust.
- County government, businesses and non-profit organizations should create public/private partnerships to enable the creation of affordable senior housing. Shelter Properties of Baltimore and other companies, non-profits and faith-based organizations work in public/private partnerships to develop affordable housing for seniors through tax credits, and also create combined market-rate and subsidized senior housing and assisted living facilities. Some companies seek non-profits as partners. Doing so facilitates compliance with local regulatory issues and helps to market a facility, thus improving the cash position for both the for-profit and non-profit organizations. These partnerships can score additional points in a very competitive tax credit process.
- Consider the needs of older adults and those with disabilities for accessible, affordable units as the County gives increasing attention to workforce housing.
- Examine current laws and regulations to identify barriers to affordable housing and provide recommendations for needed changes. (See Frederick County Affordable Housing Council Strategic Plan, Appendix E, for its important recommendations.)

- Through the Affordable Housing Council, collaborate with the business community to identify commercial properties with potential for affordable residential components. Also, consider the repurposing of abandoned settings for intergenerational housing.
- Advocate through the Affordable Housing Council for housing policies that support mixed-use development that includes diverse housing stock, multi-modal transportation networks, energy conservation and efficiency, open spaces and similar principles. Simultaneously work to overcome negative stereotypes often associated with affordable housing.
- Increase the availability of affordable home modifications, such as providing support for Rebuilding Together Frederick to increase its work to rehabilitate homes. Non-governmental funders could provide investments for this service, as well.
- Encourage the use of Universal Design and visitability standards in new dwellings, as these features accommodate the needs of seniors and those with disabilities. They are also aesthetically pleasing, are becoming more popular, and would appeal to boomers.

The **Department of Aging** can consider the following:

- As part of case management, include (1) guidance for seniors to obtain appropriate and affordable housing, and (2) an ombudsman function with regard to senior housing.
- Revisit the issue of seeking State support for subsidized group homes if Frederick County's needs exceed those of other counties.

Finally, those working on behalf of affordable housing in the County should identify ways that enable them to more closely coordinate their efforts, with the expectation that they would see greater results.

Affordable Housing through Repurposing Abandoned Buildings

With creative financing, The Marvin in Norwalk, Connecticut, provides 49 senior affordable housing units and early childhood education for 40 3- and 4-year olds. The repurposed and expanded former school building fosters strong connections between the senior residents and children, and offers an innovative approach to providing a breadth of supportive services that promote aging in place, as well as independent living.

<http://www.practitionerresources.org/cache/documents/673/67307.pdf>

Goal #2. Transportation Options. *A variety of mobility options, including pedestrian-safe streets, makes moving around the county possible for residents of all ages and abilities.*

For a county the size of Frederick, transportation is of concern to all age groups. In the 2008 Community Survey for the County's Comprehensive Plan, 34% of respondents expressed dissatisfaction with the availability of public transportation, and 51% said the improvement and expansion of transit options was urgently needed.⁵⁸

The challenge of providing transportation options for older adults and those with disabilities is obvious. Residents living in Frederick's many small towns and rural areas (29%)⁵⁹ must depend on their own vehicles, if they are able, to get to essential services. Rural areas tend to be populated disproportionately by older residents, whose driving capacities gradually decline. Younger individuals often out-migrate to urban areas.⁶⁰ Access to transportation can be life-sustaining for the increasing numbers of older residents and those with disabilities, especially those who need everyday access to high levels of care.⁶¹ Trips to medical appointments, the grocery store and human service locations, not to mention recreation and social life, are necessary to ensure residents' health and enhance their quality of life.

The statistics about older drivers are persuasive in terms of the mobility challenges they face. Most drivers as they age will find that they must relinquish their car keys and terminate driving. On average, the length of need for alternative transportation will be about six years for men and ten years for women.⁶² For most, driving will have been their main, and often only, mode of transportation up to that point.

The infrastructure of many rural areas does not support transportation by any means other than automobile, as Figure 3 reflects:

⁵⁸ *Community Survey Results*, June 2008, http://frederickcountymd.gov/documents/7/128/895/SurveyRptUpdat_1.PDF, accessed 6.20.13.

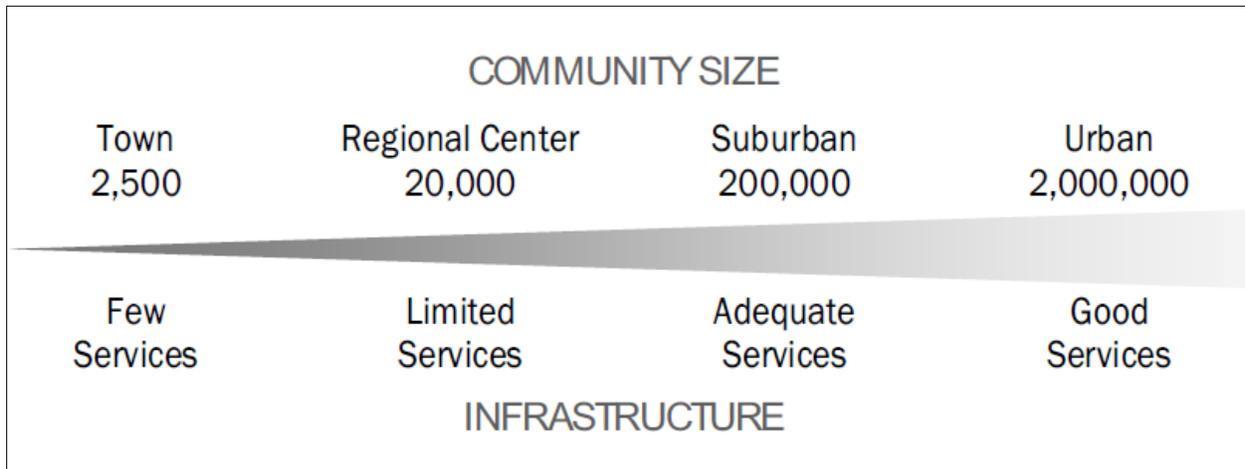
⁵⁹ http://www.city-data.com/county/Frederick_County-MD.html, accessed 6.22.13.

⁶⁰ *Transportation Innovations for Seniors, A Synopsis of Findings in Rural America*, the Beverly Foundation and the Community Transportation Association of America, 2006, http://web1.ctaa.org/webmodules/webarticles/articlefiles/Senior_Rural_Innovations.pdf, accessed 6.20.13.

⁶¹ Community Transportation Association of America and the Beverly Foundation, *Transportation Innovations for Seniors: A Synopsis of Findings in Rural America*, http://web1.ctaa.org/webmodules/webarticles/articlefiles/Senior_Rural_Innovations.pdf.

⁶² <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447231/>, accessed 6.15.13.

Figure 3. Community Size and Transportation Services



Source: http://web1.ctaa.org/webmodules/webarticles/articlefiles/Senior_Rural_Innovations.pdf

The deficiencies in transportation options are well-known in Frederick County, although they may become even more acute as more people move to the County and more age in place.

What Already Exists

The Built Environment

- County planners and leaders are very aware of local transportation problems. Where feasible, they are working toward increased access to mass transit, sidewalks, and bike paths. They recognize the value of Transit-Oriented Development, whose goals are to diminish reliance on the automobile and increase use of alternative mobility options.⁶³
- The County’s Compiled Goals, Policies and Action Items for its 2010 Comprehensive Plan state support for: (1) integration of “transit, pedestrian, bicycling and ADA-accessible facilities into the county’s existing roadways and communities and the design of new roadways and communities”; and (2) reducing the need for “single-occupancy auto use through travel demand management, and increasing the share of trips handled by bus; rail; ride-sharing; bicycling and walking.”⁶⁴ In terms of public transportation, the Comprehensive Plan encourages support for “higher density and mixed-use development in growth areas that are served or could be served by rail service, local and regional bus transfer points, shared-use paths and ride-sharing facilities.”⁶⁵

⁶³ http://www.wmata.com/business/joint_development_opportunities/whatis.cfm, accessed 6.22.13.

⁶⁴ Chapter 6, page 2, in <https://frederickcountymd.gov/documents/7/128/895/CompPlanCompiledGoalPolicieActions.PDF>, accessed 6.24.13.

⁶⁵ Chapter 6, page 3 in <https://frederickcountymd.gov/documents/7/128/895/CompPlanCompiledGoalPolicieActions.PDF>, accessed 6.24.13.

- The County has made specific recommendations for enhanced transit in its *Transit-Friendly Design Guidelines, A Guide for Planners, Developers, Elected and Appointed Officials, 2009*. Though the original version in 2001 was called Transit-Oriented Design Guidelines, the name was changed because transit-oriented design is targeted “specifically in areas immediately adjacent to or surrounding major transportation centers.” The purpose of the 2009 version, on the other hand, is to “encourage all development within TransIT’s entire current and future service area to be designed with public transit, and the people who use it, in mind.”⁶⁶ These are plans for the future, and they stand to benefit many older adults in coming years.
- Frederick City, with its 2012 population of 66,382 residents, has a relatively transit-rich character.⁶⁷ One focus group concluded that Frederick City is walkable, and mentioned that new curb cuts are being installed. Its participants also commented that the safety of intersections is sufficient in the city. They noted, however, that the city has few bike lanes.
- Frederick County has included requests to the State for sidewalk and intersection improvements.⁶⁸ The County is also seeking approval of designated locations for state support of Transit-Oriented Design.⁶⁹

Transit Options

- For those who are not able to use fixed-route transit, ADA Paratransit⁷⁰ is available if the trip origin and destination are within three-fourths of a mile of a fixed route. Reservations are required the day before a trip, which can be scheduled for any purpose. TransIT buses, all of which are accessible, will provide a ride to predetermined ADA-eligible passengers if the trip origin and destination are within three-fourths of a mile of the fixed route. Eligibility must be predetermined by TransIT Services of Frederick County. Funding for Paratransit services has remained flat for over 10 years.
- Frederick County’s TransIT-plus (different from ADA Paratransit) is offered to residents 60 and over and to those with disabilities. Historically, the County has funded approximately 75% of TransIT-plus. TransIT-plus traverses the entire county, offering curb-to-curb

⁶⁶ https://frederickcountymd.gov/documents/5/0409TFDGFINALnoblanks.PDF_page_1, accessed 6.22.13.

⁶⁷ <https://frederickcountymd.gov/documents/5/0409TFDGFINALnoblanks.PDF>, accessed 6.22.13.

⁶⁸ <http://frederickcountymd.gov/documents/136/1182/Annual%20Transportation%20Priorities%20ReviewFINAL.PDF>, accessed 6.22.13.

⁶⁹ http://www.frederickcountymd.gov/documents/136/1063/TPR_2011_FcPc_PLANNINGFINAL.PDF, accessed 6.22.13.

⁷⁰ The cost for ADA Paratransit is \$2.50 each way. Passenger fees cover only a minimal portion of ADA Paratransit’s costs. The federal government covers 50% for ADA Paratransit, the state 25%, and the County 25%.

transport in accessible vans and buses, with designated assistance to passengers.⁷¹

Reservations must be made at least two business days in advance and can also be made as soon as ten calendar days in advance. TransIT-plus strongly encourages riders to schedule their trips as soon as possible within the ten-day period. The hours for TransIT-plus are 8 a.m. to 4 p.m. Monday through Friday.⁷²

- Like other localities around the country, the Board of County Commissioners has decided to subsidize taxi service to supplement Transit-plus, as the constantly increasing numbers of older residents are stretching the capacity of TransIT-plus to serve adults 60 and over and those with disabilities. For a \$60 voucher, the County will pay \$50, and the taxi customer will pay \$10. Adults 60 and over and those with disabilities who have used TransIT-plus for six months will be eligible to purchase a \$60 voucher each month if they live in zip codes 21701, 21702 or 21703. Those who live in other zip codes can purchase a \$120 voucher for \$20, because their trips are likely to cover longer distances. Hours of operation for the Taxi Voucher Program will be the same as TransIT-plus hours, Monday through Friday, 8 a.m. to 4 p.m. Purchasers of vouchers will receive a debit card with a photo from TransIT. Trips by taxi can be arranged on the day the trip will be made by calling the taxi company directly. The program will be evaluated on an ongoing basis, and conditions may change with approval by the Board of County Commissioners.
- Partners in Care (PIC) provides rides to older County residents. A 501(c3) non-profit organization housed at the Department of Aging, Partners in Care is supported by grants and donations. In the first three quarters of FY 2012 and 2013, 2,026 rides were provided.⁷³ The capacity of PIC to expand and offer more services to the increasing aging population is contingent on local philanthropic support.⁷⁴

⁷¹ TransIT-plus describes its assistance to passengers as the following: "All TransIT-plus drivers are trained in passenger assistance techniques and will provide passenger assistance in boarding and disembarking from the vehicle, finding a seat or securing a wheelchair. TransIT-plus drivers will not provide assistance that involves bearing weight, including lifting and carrying passengers. TransIT-plus provides curb-to-curb service for passengers using wheelchairs. The driver will board passengers in wheelchairs on the lift and secure the chair and person on board the bus. When the bus arrives at the destination, the driver will secure the passenger in the wheelchair on the lift and assist getting the passenger off the lift. For those requiring more assistance, personal care attendants may accompany passengers at no additional cost."

⁷² Medical trips on TransIT-plus are \$2.00 cash or \$1.50 for those who use a ticket, and \$3.00 cash or \$2.50 a ticket for non-medical trips. Tickets can be purchased by mail or at the County Treasurer's Office, the TransIT office, or the Frederick Senior Center. The hours are 8 a.m. to 4 p.m., Monday through Friday. Passengers with Medical Assistance Cards may use TransIT Plus, but their fare is pre-approved and paid for by the Health Department. The County is responsible for contributing 75% of Transit Plus.

⁷³ <http://www.partnersincare.org/about-us/sites/frederick>, accessed 6.22.13.

⁷⁴ <http://www.partnersincare.org/about-us/sites/frederick>, accessed 6.22.13.

Documented Needs

- As mentioned above, in the 2008 Community Survey for the County's Comprehensive Plan, 34% of respondents said they were dissatisfied with the availability of public transportation, and 51% said the improvement and expansion of transit options was urgently needed.⁷⁵
- A key focus group of the Community Foundation's 2011 human needs assessment ranked lack of transportation as the foremost barrier to human service access by children and families.⁷⁶
- Among our survey respondents who answered the transportation items, only 40% indicated that access to public transportation is adequate where they live, although 84% said they can drive to locations they need to reach. Eight percent indicated they have trouble getting to a grocery store. Focus group participants reported that the increasing congestion and the high speed of traffic on Route 15 and other county roads is a growing deterrence to driving by seniors.
- Focus group attendees noted that shelters, benches, and service areas for existing mass transit are insufficient. Public transit can be daunting if prospective passengers don't know how to navigate the system. Further, schedules don't fit some needs, as many buses are available only twice a day.

Strategies to Address the Needs

The **County** should consider the following:

- Assess the use of all County vehicles to make sure they are being used as efficiently and as broadly as possible, without duplicated services for different populations. It is possible that some trips are redundant and that some vehicles could be used by more than one agency. The County could ensure broad-based

One Approach to Transportation Solutions: The Village Concept

Residents of the Beacon Hill section of Boston originated a way to remain in their homes and community as they age. They founded the Beacon Hill Village, which has spawned 200 other Villages that are up and running or being formed. Usually grassroots organizations created by older adults, some Villages have been developed by a parent organization, such as a social service agency. Typically Village volunteers provide services like transportation, grocery shopping, technology assistance, service coordination, recreation, social events, and home maintenance and repair. Transportation is the most frequently requested service in 64% of the Villages. Most Villages charge membership fees, but many offer reduced rates for those who cannot afford the full amount.

<http://documents.clubexpress.com/documents.ashx?key=kYA6bFCyEAFYT%2BTW4xG7fw0RCfsL0%2F4H%2FFAmAbqcKGaemWW44ASlg%3D%3D>

⁷⁵ *Community Survey Results*, June 2008,

http://frederickcountymd.gov/documents/7/128/895/SurveyRptUpdat_1.PDF, accessed 6.20.13.

⁷⁶ Community Foundation of Frederick County, *Human Needs Assessment Report*, August, 2011,

<http://www.cfredco.org/images/pdf/needsassessmentreport.pdf>, accessed 6.20.13.

support and efficient use of vehicles in new public transportation programs by making them more readily available to everyone.⁷⁷ As a related consideration, the County should evaluate the benefits of having a Mobility Manager. Consultation with the National Resource Center for Human Services Transportation may produce innovations for the coordination of transportation for human services.⁷⁸ Consideration of human services transportation issues could be incorporated into the work of the Transportation Services Advisory Council.

- Expand support to non-profit partners to increase services.
- Encourage taxi companies to offer accessible cabs.
- Continue to seek the state's financial support for TransIT-plus and additional pathways and trails. Appropriate County agencies should seek grants for transportation needs from the National Council on Aging, the Community Foundation of Frederick County, the National Center for Senior Transportation, the Human Services Transportation Task Force of the Metropolitan Washington Transportation Planning Board, and others. As the County considers additional transportation options to support *workforce* transit, it should include the additional and distinct needs of *older adults* and *those with disabilities*.
- Promote the use of TransIT with easily understood signage, accessible stops clearly delineated, and benches near senior housing that can also be useful for walkers.
- Designate elder districts, where many seniors live or congregate, to implement senior-friendly guidelines for street design. In these places encourage nonprofits to pair Safe Routes for Seniors with Safe Routes to School to encourage intergenerational walking.⁷⁹

Nonprofits should consider the following:

- Develop a volunteer base of seniors offering travel training, a method for encouraging use of public transportation by seniors who are not accustomed to it and therefore somewhat fearful.⁸⁰ A senior who has never used TransIT asks, for example, about help in trying bus routes from her apartment near Hillcrest to downtown Frederick and back home. A first-time user escort can meet her at her apartment, walk with her to the bus stop, and ride with her downtown and back for a trial run.
- Supplement human services or public transportation by deploying additional volunteer drivers, perhaps through Partners in Care. (See Goal 5 below.) Alternatively, investigate the establishment of an Independent Transportation Network, a membership arrangement with on-demand transportation provision. Seniors can even trade in their unused car as

⁷⁷ See <http://www.oatstransit.org/>, accessed 6.22.13.

⁷⁸ <http://web1.ctaa.org/webmodules/webarticles/anviewer.asp?a=8&z=37>, accessed 6.24.13.

⁷⁹ <https://www.transalt.org/campaigns/safeseniors/elderdistricts>, accessed 6.25.13.

⁸⁰ See the National Center for Senior Transportation, [http://seniortransportation.easterseals.com/site/DocServer/Current Practices Used by Travel Trainers for Seniors.pdf?docID=141353](http://seniortransportation.easterseals.com/site/DocServer/Current_Practices_Used_by_Travel_Trainers_for_Seniors.pdf?docID=141353), accessed 9.11.13.

payment for membership.⁸¹ Investigate the possibility of partnership with local repair facilities for obtaining cost-free labor for basic car repairs for those seniors who are able to drive and have a car, but cannot afford the repairs.

- Identify opportunities for public/private partnerships to advance transportation alternatives, to include social service agencies, non-profit organizations, faith-based institutions, and businesses.

Goal #3. Long Term Services and Supports (LTSS). *Those with chronic diseases or functional limitations, and who need assistance with health and personal care, lead more independent and healthy lives because they receive long-term services and supports in their homes and communities.*

The desire of most older adults to stay in their homes and communities has been confirmed repeatedly by surveys conducted over many years by AARP and others. The trend toward provision of home and community-based services in lieu of institutional care has been accepted by policy makers as the optimum approach to helping older adults remain healthy and at home. Yet, the current infrastructure of most communities too often dashes the prospects of older residents to age in place. While their advocates and the many organizations serving older adults promote long-term services and supports in the home and community to enable aging in place, community planners and leaders find themselves struggling to provide mobility options that substitute for the automobile, affordable and accessible housing, and social and health services for the burgeoning numbers of older residents.

Federal, state and local policies until recent decades offered few substitutes for nursing facilities for those who could not afford alternatives and were frail or disabled. Public policies at every level, however, have supported a radical transformation by enabling more seniors to age in place through the availability of services in their homes and communities. This innovative approach is described as:

- person-centered (the recipient chooses where to live, the services required, and who provides them);
- effective and accountable, to include recipient accountability and use of non-government resources when possible;
- coordinated from various funding streams; and

Long-term services and supports include but are not limited to:

- *Adult day services*
- *Assisted living*
- *Care management*
- *Consumer direction*
- *Group homes*
- *Home health aides*
- *Home health care*
- *Home maintenance*
- *Minor financial management assistance*
- *Nursing homes*
- *Personal care*
- *Rehabilitation*
- *Respite*
- *Transportation*

⁸¹ <http://itnamerica.org/>, accessed 6.22.13.

- culturally competent, therefore accommodating people of different languages and cultural backgrounds.⁸²

Support for this approach is boosted by their encouraging results. As documented earlier in Chart 10, “the cost of nursing home care is more than double the cost of the Medicaid Waiver for Older Adults, which is the most expensive community-based service offered by the aging department.”⁸³ In other words, the very comprehensive Medicaid Waiver for Older Adults shaves costs to half of those of nursing homes.

The federal Centers for Medicare and Medicaid Services (CMS), the Administration for Community Living, and the Veterans Administration are spearheading support for long-term services and supports in the home and community rather than institutionalization. Maryland’s policies support home and community-based care, but the State and federal government impose severe financial limits for those qualifying for Medicaid services.

The evolution to supportive services in the home and community is facilitated by CMS financing policies, which in some cases allow payment for health care and long-term services and supports for those with lower incomes via Medicaid, and cover some short-term services through Medicare. The more affluent, however, may pay for services themselves. Though this transition to community-based care can better the lives of many older Americans, it inevitably raises expectations. Affordable and appropriate housing are essential for aging in place, as are mobility options. Further, some services may not exist in particular communities or are very costly.

While the availability of long-term services and supports is increasing steadily throughout the country, many are denied them because their incomes are too high to qualify for Medicaid. Medicare covers these services for only very short periods if the recipient’s medical condition/needs meet certain criteria for skilled care. Only the very affluent (or those with long-term care insurance) can pay personally for longer-term home health and personal care, assisted living, and other services. Most middle-income families simply cannot afford to pay for more extensive uses of long-term services and supports.⁸⁴

Aging and Disability Resource Centers (ADRC) enable millions of Americans to learn about, understand and avail themselves of, or help others with, the community services available to older adults and adults with disabilities. The ADRCs provide trusted “single points-of-entry” for information and services in their communities that support older adults and persons 18 years and older with disabilities. In 2003 Maryland was one of the first states to be awarded an \$800,000 federal grant to pilot its ADRC, which is called Maryland Access Point (MAP).

⁸² http://www.aarp.org/content/dam/aarp/about_aarp/aarp_policies/2011_04/pdf/Chapter8.pdf, accessed 6.24.13.

⁸³ *State Studies Find Home and Community-Based Services to be Cost-Effective*, AARP Public Policy Institute, March, 2013 http://www.aarp.org/content/dam/aarp/research/public_policy_institute/ltc/2013/state-studies-find-hcbs-cost-effective-spotlight-AARP-ppi-ltc.pdf

⁸⁴ *Raising Expectations, A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*, AARP, the Commonwealth Foundation and the Scan Foundation, <http://www.longtermscorecard.org/Report.aspx>, accessed 6.22.13.

What Already Exists

The Frederick County, Maryland, Access Point (MAP):⁸⁵

- Through the Department of Aging and its partners, MAP serves individuals over the age of 60, those over 18 years of age with a disability, family members and caregivers who assist older adults or individuals with disabilities, and providers and professionals who serve the MAP population. MAP provides information and assistance; resources and referrals; counseling about options that are available; streamlined eligibility determination for public programs; services for caregivers; and transitional support for individuals who leave a long-term care facility and return to the community.⁸⁶
- Within its first year, MAP launched the Mobile Information and Assistance Program (Mobile I & A). Through this outreach effort, MAP provides residents with the necessary tools to age in place, and to avoid more costly long-term care options. Mobile I & A has been extremely well-received, and several of the Department of Aging's partner organizations are in the process of replicating this program in other counties.
- MAP provides Mobile I & A clinics at each Frederick County Senior Center, offering application assistance with SNAP, the Supplemental Nutrition Assistance Program, (formerly the food stamp program); the Maryland Energy Assistance Program; financial support for Medicare beneficiaries who cannot afford co-pays, deductibles and other coverage by Medicare; the Senior Prescription Drug Assistance Program (SPDAP); the Homeowners' and Renters' Tax Credit; the Frederick County Senior Tax Credit; and the Homestead Property Tax Credit. (See Appendix B for information on these Tax Credits.) MAP also provides Medicare and Medigap insurance workshops; Social Security Benefits assistance; housing and community-based options counseling; home-delivered meals; nutrition support; long-term care options; respite and homecare resources; and advocacy. MAP also streamlines assessment and access to assistance through the development of partnerships with local organizations, non-profits and government agencies. To date, Frederick County's MAP works with the Maryland Energy Assistance Program in cooperation with the Department of Social Services (DSS), the Maryland Food Bank in cooperation with the DSS, Legal Aid, the

⁸⁵ Because Maryland Access Point has progressed so significantly, in 2012 the state was the second in the country to receive a grant, with an enhanced federal matching rate, for the Balancing Incentive Program (BIP). To qualify for BIP, states must provide: (1) conflict-free case management; (2) core standardized assessments; (3) a single point of entry/no wrong door system. MAP fulfills this requirement. Area Agencies on Aging must be qualified as a MAP site in order to receive funding from the Maryland Department of Aging. Maryland received over \$106 million for this program, which is intended to stimulate access to home and community-based services and supports as an alternative to institutional care.

⁸⁶ MAP will use a screening tool based on the InterRAI to screen those seeking long-term services and supports. InterRAI (International Residential Assessment Instrument) is the new, international, core standardized tool that is used to assess consumers seeking community-based long-term services and supports. This tool will also be used to assess applicants and participants in the Living at Home, Waiver for Older Adults and Medical Assistance Personal Care Program. Screening that provides consistency and objectivity in assessing those seeking Medicaid services is essential for a fair home and community-based system. Among other initiatives, the InterRAI will be used to prioritize services for persons who are on the Statewide Medicaid Waiver registries (waiting lists).

Department of Health, the Frederick County Religious Coalition for Emergency Human Needs, the Frederick County Community Action Agency, the Seton Center, the Freedom Center, and various local faith-based ministries. The Department of Aging hopes to add the Veterans Administration to its list of partners in the coming months.

From October, 2012, to March, 2013, Frederick County MAP served over 3,490 individuals, providing caregiver assistance, information and referrals, health insurance assistance and counseling. MAP's goal is to continue to build community partnerships, accelerate access to services and supports, and collectively generate solutions in other areas of unmet needs (e.g., housing, transportation) so that Frederick County residents can remain healthy and independent in their local communities.

Frederick County's MAP funding will cease in 2016. However, the Frederick County Department of Aging will be working with the Maryland Department of Aging to assure the overall sustainability of the program. The partnership infrastructure that is being built within the local community will continue under the leadership of the Department of Aging. The responsibility for MAP has added new responsibilities for the County's Department of Aging, especially as it takes on coordination with organizations that support those with disabilities and works longer-term to sustain the MAP program.

Medicaid Waivers and Other Maryland Programs Providing Long-Term Services and Supports:

For the reader not immersed in aging issues, understanding the various home and community-based services available through Medicaid can be a challenging task. It is useful, nevertheless, to review them briefly to contribute to an understanding of the range of long-term services and supports, as well as the many variables that must be taken into account to establish eligibility and the appropriate levels of care for recipients. Reviewing them also sheds light on the great value of the MAP program. Its use of technology and an analysis tool named InterRAI (explained in footnote 86) will be invaluable in assessing applicants' needs.

Though there are several Medicaid programs in Maryland for those seeking long-term services and supports, Medicaid waivers are specifically designed to make it possible, for those who qualify for Medicaid and are deemed eligible for nursing home care, to live in their homes and communities. Simply stated, waivers, as well as other Medicaid programs, can prevent the need for recipients to be consigned to institutional care.

The Maryland Department of Health and Mental Hygiene describes the requirements for eligibility that must be met by those seeking a **Medicaid waiver for Long-term Services and Supports**: "To be a waiver participant, an individual must be medically qualified, certified for the waiver's institutional level of care, choose to enroll for the waiver as an alternative to institutionalization, cost Medicaid no more in the community under the waiver than he or she would have cost Medicaid in an institution, and be financially eligible based on their income and assets."⁸⁷

⁸⁷ <https://mmcp.dhmh.maryland.gov/waiverprograms/SitePages/Home.aspx>, accessed 9/7/13.

Qualification for Medicaid and the specific services needed by individuals is determined by assessing physical or mental capacity to complete tasks that are indispensable for living independently. Two groups of capacities are defined as essential for independence: (1) Activities of Daily Living (ADLs) include bathing, dressing, eating, toileting, grooming, and mobility, and (2) Instrumental ADLs support daily living and include housekeeping, meal preparation, shopping, movement around the outside of the home, use of the telephone, and management of money.

Programs fundamental to keeping older adults in their homes and communities include:

- **Money Follows the Person**, a federally funded program, is designed to help Medicaid recipients transition from institutional settings to private homes or small group homes with no more than four unrelated residents. For more information, see Appendix F.
- Two Home and Community-Based Medicaid waiver programs cover older adults: the Waiver for Older Adults for those 50 and above, and the Living at Home Waiver for those 18 to 64 with disabilities. The **Waiver for Older Adults** provides access to personal care sufficient to assure the necessities of life, such as nutritious meals; personal hygiene; management of medications; case management services; any needed adaptations of the home environment; Senior Center Plus (structured group activities for those with mild physical or mental impairment); home health care; limited pharmacy services; and Medicaid acute, primary and preventive services. The financial eligibility limits for the Older Adult Waiver are \$2,094 per month income and \$2,000 in assets.⁸⁸ The **Living at Home Waiver** offers services similar to those provided through the Waiver for Older Adults.⁸⁹
- The **Medical Assistance Personal Care Program (MAPCP)** provides assistance with bathing, toileting, mobility, eating, dressing, and medication supervision if recipients are eligible medically and receive community/full Medical Assistance benefits. (The Medicaid Medical Assistance program is available to those whose income is no greater than \$350 a month, assets are no greater than \$2,000, and have too little or no insurance.) The MAPCP recipient may also receive household services related to medical needs, such as food shopping; escort services to medical appointments; and provision of personal hygiene and grooming. This service does not currently have a waiting list, but many residents do not know of its existence. Those over the financial limits may receive a patchwork of services, but many with critical needs are excluded from assistance because they exceed the financial requirements for MAPCP.
- A new program, **Community First Choice (CFC)**, which Maryland plans to launch in early 2014, will combine many elements of the two waiver programs explained above and the MAPCP. Through CFC, a broad range of personal assistance services and supports will be provided to eligible individuals based on functional needs. Community First Choice emphasizes that consumers choose and direct their own care. Maryland will also remove services provided through the CFC from other programs to prevent duplication. The services

⁸⁸ https://mmcp.dhmdh.maryland.gov/docs/Older_Adults_Fact_Sheet_October_2010.pdf, accessed 9.12.13.

⁸⁹ https://mmcp.dhmdh.maryland.gov/docs/Living_Home_Waiver_Fact_Sheet_October_2010.pdf, accessed 9.12.13.

in the two current waiver programs that are not rolled into Community First Choice will be moved into a single waiver, allowing a more seamless experience for applicants and participants who may move between programs. This consolidated waiver will include medical day care, nutritionist/dietician services, family training, behavioral consultation, assisted living, and Senior Center Plus.

- **Medical Day Care Waiver:** This waiver enables recipients to attend day care that includes health monitoring, medication and diabetic management, group activities, and assistance with personal care and ambulation.⁹⁰
- **Health Home Services** is a new program under the Affordable Care Act, to be initiated late in 2013. Health homes, as they apply to older adults, will coordinate care for seniors with serious, persistent mental illness, and those with an opioid substance use disorder and at risk for an additional chronic condition. Health homes will provide comprehensive care management, care coordination, health promotion, help with care transitions, and individual family support services. Health homes may be a valuable resource for MAP and its partners working with consumers with serious mental illness or substance abuse issues.
- **The Senior Care Program** is a partnership between the Frederick County Department of Aging and the Department of Social Services designed to keep very frail older residents, who are not qualified for Medicaid and whose health is impaired, with supports in their homes and communities. Eligible clients are evaluated by professionals, and a case manager is assigned to identify and arrange for the needed services. These can include adult daycare, chore services, home-delivered meals, medical supplies, personal care, personal emergency response systems, respite, and transportation assistance.
- The **Social Services to Adults** program provided by the Frederick County Department of Social Services reduces institutionalization of those with functional disabilities through assessment of their needs and development of a plan of service. Crisis intervention, information and referral, and case management are available through the program.
- **Adult Protective Services** can intervene in cases of the abuse, neglect, self-neglect or exploitation of adults who cannot protect their own interests and are in danger of harm to themselves or others.

Documented Needs

- Despite all of the services and supports mentioned, waiting lists threaten the welfare of older residents in Frederick County.
 - The waiting list for Meals on Wheels was 109 as of June 2013.

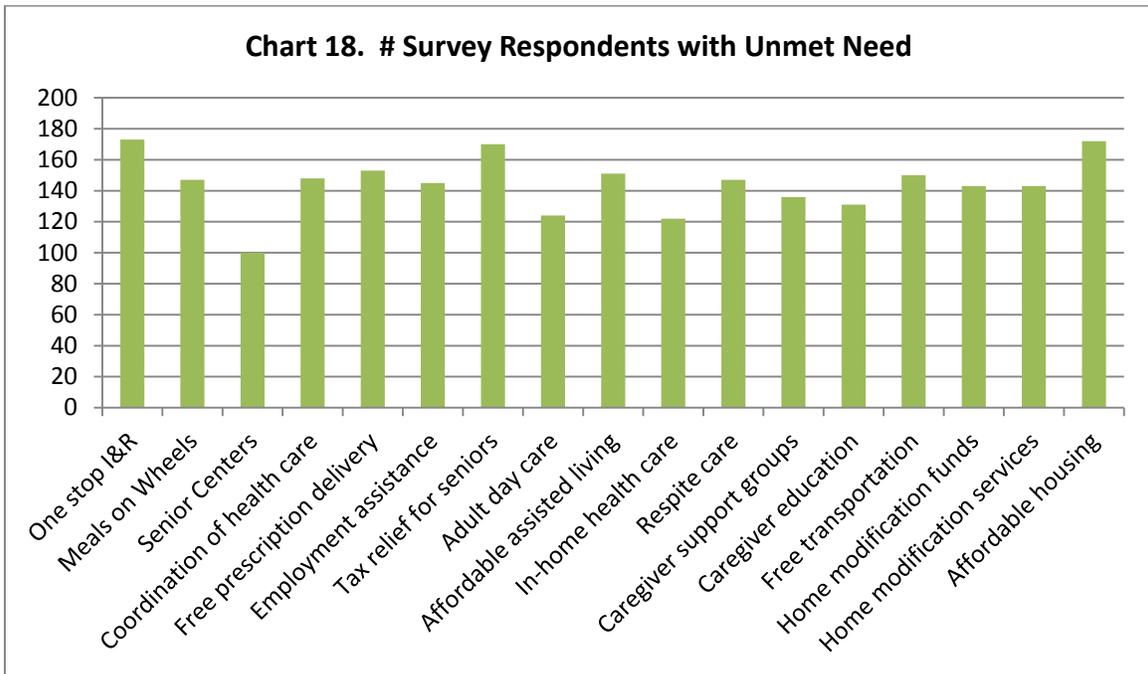
⁹⁰ https://mmcp.dhmdh.maryland.gov/longtermcare/docs/MDC_Waiver_fact_sheet.pdf, accessed 9.12.13.

- The waiting list for Montevue comprises 36 individuals.
- Approximately 400 Frederick County residents are on the waiting list for the Medicaid Older Adult Waiver, which funds provision of a full-range of long-term services.
- The waiting list for the Senior Care Program and Social Services to Adults in June, 2013, was 123.

That said, waiting lists cannot tell a complete story because of shortcomings in Maryland’s reporting systems on services. The database is not user-friendly, nor does it produce reports that can assist with identifying waiting lists. The National Aging Programs Information Systems (NAPIS) report, which is completed every year as a requirement of the Administration on Community Living, pulls numbers from this database but cannot produce a local report. Furthermore, the existing databases don’t “talk” to each other. Agencies serving aging adults know that the number of people needing services is increasing, but quantitatively they are limited by the evidence the data system obtains.

<i>Waiting lists – a glimpse...</i>	
<i>Meals on Wheels</i>	<i>109</i>
<i>Senior Care Program/Social Services to Adults</i>	<i>123</i>
<i>Medicaid Older Adult Waiver</i>	<i>400</i>
<i>Montevue</i>	<i>36</i>

- Our focus groups and the Department of Aging stressed an acute need for case managers. Even when older adult needs have been evaluated and appropriate services identified, too many still require case management services to help them secure and maintain the services. They slip through the cracks because they are unable to navigate the complex systems, do the needed footwork to complete applications, provide back-up documentation, and fulfill other related tasks.
- Of the 1,003 respondents in the survey undertaken for this report, Chart 18 shows that, across the array of services mentioned, 10-17% indicated that they need a given service but have not been able to receive it.



- While not a documented need per se, it is worth lifting up that the service providers in Frederick County who provided insights for this report work with great dedication under considerably difficult circumstances – growing demands, conditions such as eligibility requirements and limited resources that cause them to have to ration services and supports in the face of recognized need, and the day to day stresses of the unexpected crises of clients which are inevitable in the work of a caring service provider. Appendix G summarizes concerns raised in our focus groups with service providers and provide a flavor of the challenges they face every day. Many of these, such as transportation and affordable health care, confirm the views of others interviewed for this Needs Assessment.

Strategies to Address the Needs

Service and Product Expansion

- Form a Business Task Force to inform businesses about the needs of the aging population and the significant stress experienced by many employees who are caring for aging parents. Through public-private partnerships, for example, Partners in Care could seek the support of businesses for its services because Partners volunteers would relieve some of the stresses on the many caregivers whom businesses employ. Volunteers from local businesses could provide some long-term services and supports, such as minor home and yard maintenance, and the business community could be asked to undertake the availability of free or low-cost home modifications.
- To support the greater availability of long-term services and supports for those who don't qualify for Medicaid, consider using a sliding scale fee for service that derives revenues to

support lower-income seniors through payments generated by those older people who can afford the services.

- Inform businesses of the opportunities available to them to develop products and services for older residents that contribute to the quality of life for those who are aging. (See Goal 6 below)
- Advocate for increasing federal and state funding of Medicaid waivers and other long-term services and supports.
- Seek additional funding from the State for Adult Protective Services to enhance protection of seniors from exploitation and abuse, an increasing problem.
- Raise needed funds for existing services from residents, foundations, faith networks, and businesses in the County. For example, Friends of Meals on Wheels, a new 501 (c3) in the County, has raised over \$20,000 in a short time, with the support of Blaine Young, the president of the Board of County Commissioners. Family caregivers may be mobilized to participate in fundraising campaigns to increase the availability of long-term services and supports and to advocate for filling gaps in service.
- Increase older residents' transportation options (See Goal 2 above).

Personnel Expansion

- Identify possible volunteer roles for the critical function of case management (See Goal 5).
- Work with the Career and Technology Center of Frederick County Public Schools, on the Campus of Frederick Community College, to develop a program for attracting prospective candidates for training as providers of long-term services and supports. In collaboration with Frederick Community College (which prepares students in Allied Health programs) and Hood College (which offers a nursing program), offer internships for students to get hands-on experience in LTSS.

Goal #4. Opportunity for Health. *All residents, with special attention to lower-income older residents, optimize their wellness and receive the health care they require.*

Today's younger adults and seniors can help move the nation from a disease model of health care with exorbitant costs and an institutional focus to an emphasis on prevention, wellness, and community-based care. Statistics tell the tale: the U.S. Centers for Disease Control and Promotion (CDC) affirms that seven out of ten deaths in this country are attributable to chronic diseases, most of which are preventable.⁹¹

Chronic diseases include heart disease and stroke, cancer, diabetes, and arthritis. The CDC further notes that chronic diseases account for 75% of health care costs. One-fourth of those with chronic diseases are forced to limit some of their daily activities. For those with chronic conditions, self-management can significantly boost health.

Prioritizing wellness and prevention can improve the quality of life and save considerable health care dollars.

Although most older persons have at least one chronic condition (almost 75% by the age of 65), and almost half have multiple conditions, medical care and self-management of these conditions can prevent further disability.⁹² Disability among older adults doubles every five years after the age of 65.⁹³

Today's younger adults and seniors can help move the nation from a disease model of health care with exorbitant costs and an institutional focus to an emphasis on prevention, wellness, and community-based care.

These conditions need not produce a revolving door in and out of hospital care. Frederick County ranks as the third best county in the state in overall health outcomes (behind Howard and Montgomery Counties), but it fares below Maryland's average on preventable hospital stays.⁹⁴ Experts in health care, including those in Frederick County, recognize that improved coordination of care, particularly for chronic diseases, can improve health outcomes and prevent some hospital stays. Frederick County's third place ranking may also be one indicator of the County's need for more home and community-based care (see Goal 3). The Frederick County Health Department confirms that older residents in the county have a greater incidence of chronic diseases than younger residents, to include diabetes, heart disease and hypertension. These expand the need in the county for management of chronic conditions.⁹⁵

For those who are uninsured, emergency rooms are often the only alternative. An estimated 27% of visits to emergency rooms in Frederick County could have been provided less

⁹¹ <http://www.cdc.gov/chronicdisease/resources/publications/AAG/pdf/chronic.pdf>, accessed 6.22.13.

⁹² "Preventing Disabilities in the Elderly with Chronic Disease"
<http://www.ahrq.gov/research/findings/factsheets/aging/elderdis/>, accessed 6.23.13.

⁹³ *Anticipating the Future*, Fairfax 50+ Action Plan, 2007,
http://www.fairfaxcounty.gov/olderadults/report/50plus_action_plan.pdf, accessed 6.20.15.

⁹⁴ <http://www.countyhealthrankings.org/app/maryland/2013/frederick/county/outcomes/overall/snapshot/by-rank>, accessed 6.15.13.

⁹⁵ Community Foundation of Frederick County, *Human Needs Assessment Report*, August, 2011,
<http://www.cffredco.org/images/pdf/needsassessmentreport.pdf>, accessed 6.20.13.

expensively and more effectively in a physician's office.⁹⁶ A health care model called the "medical home," where primary care physicians coordinate the comprehensive care of patients, reduces the costs of emergency room care and enhances the health of patients. Physicians' capacity to meet the needs of their patients is facilitated by electronic medical health records, which allow instantaneous access to patient profiles and enhance communication between the primary care physician, specialists, and other health care providers. Frederick Memorial Hospital is working toward creation of the medical home model enhanced by information technology.⁹⁷ The hospital also plans to recruit additional primary care physicians, who are in short supply in Frederick County (and around the nation).

The well-being of older adults is also sometimes compromised by mental and cognitive health conditions and substance abuse. Nearly one in five older adults suffers from one or more mental health conditions or from alcohol or drug abuse (including prescription drugs).⁹⁸ One in three Americans dies of Alzheimer's or another dementia.⁹⁹ The incidence of these conditions is expected to increase significantly, but the shortage of a trained workforce (from those who require little education to the highly specialized) to assist this expanding population has reached a crisis point.¹⁰⁰

What Already Exists

Health care availability, particularly for county residents with low incomes, includes the following:

- **Frederick Memorial Hospital** provides 72% of the hospital care in the County.¹⁰¹ Some participants in our focus groups expressed the hope that the hospital would partner with the many existing organizations and medical practices rather than dominate aspects of health care in the county. They felt that greater collaboration between the hospital and many others who support the health of residents would promote more flexible, holistic health care and supportive services in the county.
- The **County Health Department** works closely with other local health providers to serve over 50,000 persons annually, including the provision of 10,081 Wheelchair/Ambulatory Medical Assistance trips. Its mandate is broad: screens for various cancers; surveillance of communicable diseases; nutrition information; maternal and child health; dental health for children; school health; public health emergency response; early intervention services for children with developmental disabilities; employment for people with disabilities; behavioral health treatment and prevention services; geriatric evaluations; and food service

⁹⁶ <http://www.cffredco.org/images/pdf/needsassessmentreport.pdf>, accessed 6.23.13.

⁹⁷ <http://www.fmh.org/workfiles/Community%20Health%20Assessment%20PDF.pdf>, accessed 9.2.13.

⁹⁸ <http://www.iom.edu/Reports/2012/The-Mental-Health-and-Substance-Use-Workforce-for-Older-Adults.aspx>, accessed 6.22.13.

⁹⁹ http://www.alz.org/alzheimers_disease_facts_and_figures.asp#prevalence, accessed 6.24.13.

¹⁰⁰ <http://www.iom.edu/Reports/2012/The-Mental-Health-and-Substance-Use-Workforce-for-Older-Adults.aspx>http://www.alz.org/documents_custom/ff_infographic_2013.pdf, accessed 6.24.13.

¹⁰¹ <http://www.businesswire.com/news/home/20110418006254/en/Fitch-Affirms-Frederick-Memorial-Hospitals-Maryland-Rev>, accessed 6.24.13.

facility inspections. The department is funded by Frederick County, the State and federal governments.

- Access to health care in Frederick County will change appreciably as a result of the Affordable Care Act, many of whose changes to the provision of health care begin in 2014. Some changes affect the way health care costs are assessed and the way care is coordinated. Many Marylanders will not experience these changes for some time, as they are currently limited largely to pilot programs. One of the most important changes for consumers is the ability to purchase insurance from the **Maryland Health Connection**, the marketplace for individuals, families and small businesses. The Health Connection will provide comparisons of the insurance plans offered in the State, inform consumers if they qualify for tax subsidies or cost-sharing to increase the affordability of insurance, and inform Marylanders if they qualify for Medicaid, enrolling them if appropriate.
- Maryland has agreed to expand **Medicaid eligibility**, a major component of the Affordable Care Act available to the states. Those whose income is 133% of the Federal Poverty Guidelines (\$15,282 for an individual; \$31,322 for a family of four) will be qualified for Medicaid if they are not already enrolled in the program. Those 65 and over are not eligible for Medicaid expansion because most are covered by Medicare, but adults up to 64 years of age will be eligible. The costs for expansion will be paid by the federal government at 100% through 2016 and will be tapered to 90% by 2020.
- Maryland plans to increase its primary care workforce by 10 to 25% in the next decade, and the ACA provides a 10% Medicare bonus for primary care as an incentive for increasing the numbers of physicians who provide it.

Many organizations offer help lines, patient and caregiver support, education, self-help programs, and other services to Frederick County residents:

- The **Frederick Community Action Agency** provides primary health care for households with an income at or below 200% of the federal poverty level and helps people obtain medications they require but cannot afford.
- **Mission of Mercy** provides free basic, primary health care, limited dental care, and free prescription medications. Availability is limited.
- The **Religious Coalition for Emergency Human Needs** assists people with a variety of needs, including health care. The Coalition offers prescription assistance to low-income residents who are not insured, limited dental assistance, and referrals for those who need medical care.
- The **Frederick County Health Access Program**, created by the county's Health Care Coalition, links low to moderate-income residents who are not insured to health care services. Primary care physicians provide a medical home and can refer patients to 20

specialists. Forty medical practices and Frederick Memorial Hospital provide pro bono services. Patients pay \$15 a visit.¹⁰²

- **Hospice of Frederick County** offers hospice care and bereavement support in nursing homes, assisted living, private homes and at the Kline Hospice House.
- The **Adult Evaluation and Review Services (AERS)** is a Maryland Medicaid Program that provides comprehensive evaluations in local health departments for aged and functionally-disabled adults who are at risk for institutionalization. The AERS staff in Frederick County includes social workers and nurses to help individuals remain in the community or in the least restrictive environment where they can function with maximum independence. The AERS team then develops a plan of care that recommends appropriate services or, when necessary, institutional care. In 2012, AERS conducted 768 evaluations and developed plans of care subsequent to the evaluations.¹⁰³
- As noted under Goal 3, a Medicaid waiver is available for Medical Daycare for Medicaid recipients who are eligible for nursing facility-level care. **Daybreak Adult Day Services**, an adult daycare center in Frederick County, offers different levels of daytime care, including:
 - Medical Adult Day Program: two meals and snack; registered nurse on-site, medical coordination with physician; health monitoring; assistance with personal care and ambulation
 - Alzheimer’s Memory Support Program: similar to Medical Adult Day Program, providing assistance to those with Alzheimer’s-related diagnoses and memory impairments.¹⁰⁴

For those without Medicaid coverage, however, Medical Daycare can be prohibitively costly.

Frederick County’s communities host **14 farmers’ markets**, which are a great resource for healthy foods as well as a boon for local farmers.

The Maryland Emergency Management Agency, the Maryland Department of Aging and the Frederick County Department of Aging work collaboratively to assure that all nursing homes and assisted living facilities have appropriate **evacuation plans** in place. The County Department of Aging also works to identify vulnerable adults living in the community in order to educate them about **preparations for an emergency**.

¹⁰² <http://www.fmh.org/workfiles/Community%20Health%20Assessment%20PDF.pdf>, accessed 9.2.13.

¹⁰³ http://www.frederickcountymd.gov/documents/19/Annual%20Report%202012%20FINAL%20web%20version_201212031547089006.pdf, accessed 6.22.13.

¹⁰⁴ <http://www.daybreakadultdayservices.org/programs.html>, accessed 6.25.13.

Documented Needs

Health needs are closely related to other areas of need covered in this Needs Assessment. For example, access to healthy foods and regular recreational activity promote physical and emotional well-being. Older people in the community need transportation to medical appointments. Residents who are frail or disabled but can live outside of nursing homes must be able to get home and community-based services and supports. Some live in deteriorating, unhealthy homes. This section pays attention to the issues of medical, dental, and mental health care in particular.

Access to Medical and Dental Services

Frederick Memorial Hospital's *2013 Community Health Needs Assessment for Frederick County, Maryland*,¹⁰⁵ is based on utilization data from its emergency room, inpatient admissions and outpatient services, as well as statistical information from the Local Health Improvement Plan's Priorities Summit of August, 2011,¹⁰⁶ the *2011 Community Foundation of Frederick County Human Needs Assessment*,¹⁰⁷ and other sources of health statistics. The findings identify chronic disease management and mental health services as priority concerns, as are access to health care and dental care.¹⁰⁸

The availability of physicians, especially geriatricians, and dentists is insufficient. The *2011 Human Needs Assessment Report*, sponsored by the Community Foundation of Frederick County, stressed the need for more physicians who accept Medicare and Medicaid to support the health of aging residents.¹⁰⁹ The AERS summary list of Frederick County physicians accepting new Medicare patients, updated in June 2013, lists 13 physicians who accept Medicare (of those, only four also accept Medical Assistance) compared to 26 Frederick County physicians listed that do not accept Medicare. The Hospital's *Community Health Needs Assessment* states that, beyond an inadequate supply of dentists, "... the cost of dental insurance is too high, and the number of dentists accepting Medicaid is dwindling every year."¹¹⁰ These concerns were heard as well in our focus groups, who also mentioned the need for more nurse practitioners. The lack of sufficient health care personnel, especially for an aging population, is a national problem.¹¹¹

Focus group participants asserted that physicians are leaving their practices because they struggle with regulations, burdensome paper work, and a high patient load in order to make a desirable income. They noted that fewer physicians in the County take Medicare and

¹⁰⁵ <http://www.fmh.org/workfiles/Community%20Health%20Assessment%20PDF.pdf>, accessed 9.2.13.

¹⁰⁶ <https://www.frederickcountymd.gov/LHIP>, accessed 9/7/13.

¹⁰⁷ **Need reference** accessed 9/7/13.

¹⁰⁸ Lack of access to dental care can be life-threatening. Heart disease, stroke, diabetes, septicemia and other diseases can result. <http://www.agingresearch.org/content/article/detail/2320>, accessed 8.19.13.

¹⁰⁹ Community Foundation of Frederick County, *Human Needs Assessment Report*, August, 2011, <http://www.cfredco.org/images/pdf/needsassessmentreport.pdf>, accessed 6.20.13.

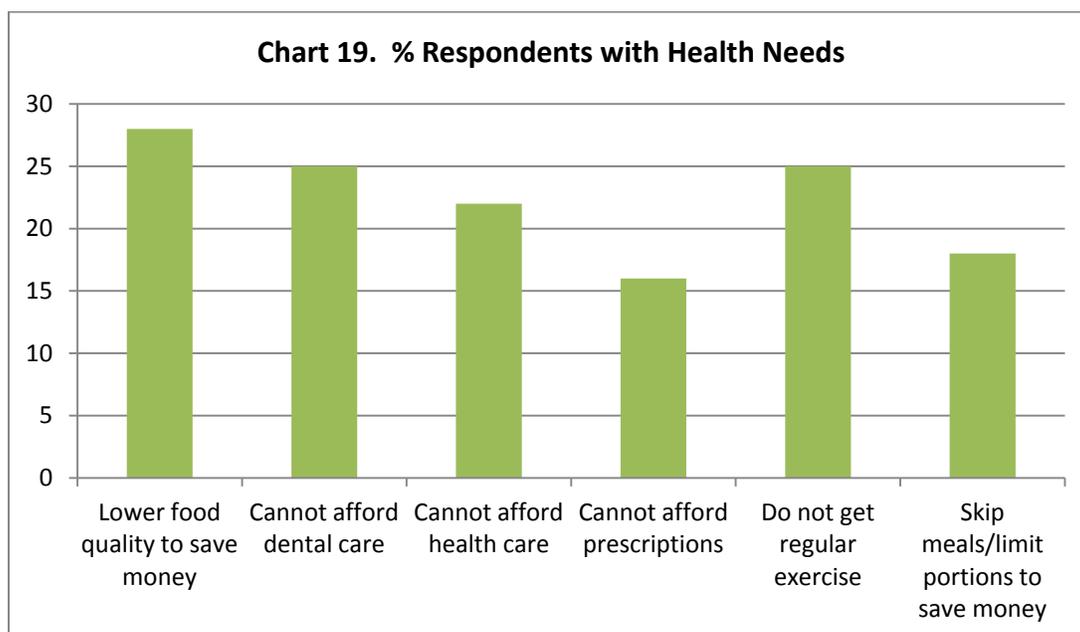
¹¹⁰ <http://www.fmh.org/workfiles/Community%20Health%20Assessment%20PDF.pdf>, accessed 9.2.13.

¹¹¹ <http://www.kaiserhealthnews.org/Daily-Reports/2013/July/29/medicare-doctor-issues.aspx>, accessed 9.11.13.

Medicaid, and nursing homes act in the rehabilitative role of hospitals, with lower priority for long-term patients.

Respondents to our survey listed health-relevant difficulties, shown in Chart 19 below:

- 28% occasionally or regularly limit the quality of food they purchase because they cannot afford it; 18% skip meals or limit portion size to save money.
- 25% cannot afford to pay for dental care; 22% cannot afford to pay for health care; 16% cannot afford to pay for prescriptions.
- 25% do not get regular exercise.



Further issues include:

- The Frederick Memorial Hospital no longer provides assistive devices or medical supplies. Whitesell Pharmacy in the City of Frederick does sell these supplies, and Federated Charities offers the use of assistive equipment free of charge or for a donation.
- Some county residents have difficulty purchasing nutritious and healthy food, as no grocery stores are nearby.¹¹² Food deserts can be found in areas in Brunswick and Thurmont, in spite of the fourteen farmers markets in the County.

¹¹² Economic Research Report, USDA, 2009
http://www.ers.usda.gov/media/242654/ap036_reportsummary_1_.pdf, accessed 6.25.13.

Mental Health Needs

Focus group participants noted the crisis in mental health. Some residents cannot reach help, and nursing homes often refuse to accept patients with mental problems. The major mental health issues include anxiety, long-term mental illness, and depression.

The Adult Evaluation and Review Services team often assesses older residents who need urgent attention to their mental health as well as physical needs. Where mental health needs are paramount, the team can seek help from the Frederick County Health Department's Behavioral Health Services Division (FCHD/BHS), Way Station and its programs, or the emergency department of Frederick Memorial Hospital. These are temporary measures for those who cannot travel to the sites. Way Station's Mobile Crisis Program is a short-term solution that often ends with a visit to the emergency room. Those who do not meet requirements for inpatient care are sent home. Admission of these patients is often limited to a stay of a few days.

The Frederick County Health Department's Behavioral Services Outpatient Clinic serves older adult Medicaid beneficiaries, but does not accept private insurance. As in the programs mentioned above, clients served by the clinic must have access to transportation.

The availability of geriatricians to serve seniors with mental health issues is very limited. Yet, they would have the requisite expertise on medications as they affect older patients, to include the interactions between medications for physical problems and psychotropic drugs.

Therapists are desperately needed who can provide free or low-cost care or home-based interventions, as they could offer more intensive support to mentally ill seniors with chronic conditions who are resistant to care, are non-compliant, or are homebound. These are the patients who are often referred to AERS as difficult and challenging cases. Such patients are typically floundering in the community, or are at risk of eviction, or are at the Frederick Community Action Agency and/or Way Station's limited support/independent housing settings. They can become too difficult for those agencies, particularly if they have physical co-morbidities, and can become problematic to neighbors and the community at large.

At this time, an increase in services is not financially feasible for any office—public or private. Though services should be home-based, it is cost-prohibitive to hire a medical doctor to treat patients at home, even at the state pay rate, which is low. An expansion of the Elderly Outreach grant to \$18,900 per year would be beneficial, both in terms of those who can be served and the amount provided. The Elderly Outreach Grant, an arm of the Health Department's AERS Program, provides home-based mental health counseling services to seniors ages 60 and older with limited incomes, who are unable to access traditional services because they are homebound, or are resistant to receiving traditional mental health services in the outpatient clinic setting. In addition to direct services, members of the AERS Team provide trainings on mental health and wellness to the county's Senior Centers throughout the year.

Referrals to AERS for mental health issues are often made by those who believe that permanent nursing home care is the answer. They may be unaware that nursing facilities now

specialize in clients needing skilled care, and largely prefer short-term, rehabilitation clients rather than those needing long-term care. Two roadblocks to nursing facility admission stand in the way: the preference of facilities for short-term clients and the requirement that those who qualify for long-term care Medical Assistance benefits (as opposed to community Medical Assistance benefits) must already be in a facility. Families run the risk, if they place a member in a facility, that they will be responsible for the bill, should their loved one be rendered ineligible for long-term care Medical Assistance. Generally, AERS discourages admission to nursing facilities for seniors with significant or moderate mental illness because their staffs too often do not know how to manage the mental illness and related behaviors. Reimbursement for psychiatric services in nursing homes does not exist, thus creating a disincentive for its provision.

In some cases dementia units at nursing facilities are able to provide good care of their clients. Some do not have these units, however. Often dementia clients have behavior problems that appear to be mental illness, but many facilities do not know the appropriate care for such patients. They are limited in the adequacy of their staffing to manage the behaviors and in their expertise in behavior modification/behavior management skills. The facilities with special units for clients with dementias are usually better able to care for them.

Frederick Memorial Hospital's *Community Health Needs Assessment* is in agreement with the AERS report on mental health. It notes that there are long lead times for appointments; doctors are not accepting new patients; crisis services are insufficient; and demand is greater than capacity. The Assessment states that, "There are times when Frederick Memorial Hospital's 'purple zone' is filled to capacity with patients requiring admission to the hospital's behavioral health unit, but unable to be admitted to the floor because the unit is filled to capacity. Patients are housed in the emergency department—sometimes for days—waiting to be admitted for inpatient treatment."¹¹³

Strategies to Address the Needs

Prevention, Wellness, Self-Care

- Increase outreach to adults, especially vulnerable populations, to educate them about the prevention and management of chronic diseases. Collaboration between MAP and health care providers is one route to accomplish this.
- The County plans to increase support of agriculture and access to farmers' markets. To improve nutrition and support local food growth, public meals programs could enlist in Community Supported Agriculture. Food Policy Councils comprised of both government officials and residents that are successful in other communities should be considered in Frederick County. It is possible to find ways to address the existing food deserts, especially for a County with ready access to local foods.

¹¹³ <http://www.fmh.org/workfiles/Community%20Health%20Assessment%20PDF.pdf>, accessed 9.2.2013.

Provision

- Support the work of Frederick Memorial Hospital, the Local Health Improvement Plan and the University of Maryland on behalf of the creation of a dental clinic in Frederick County.
- Organizations concerned with the health of lower-income residents, who may rely on emergency rooms for health care, should advocate for the development of medical homes. Medical homes provide integrated, comprehensive care by primary care physicians.
- To address the critical lack of mental health services for older adults, a collaboration to include health and service providers, Frederick Memorial Hospital, the Frederick County Health Department, the Department of Aging, the Commission on Aging and others, should advocate for additional home and community-based and facilities-based mental health care. This care should be provided by geropsychiatrists and geropsychologists (who specialize in caring for older adults). Frederick County does not have sufficient geropsychiatrists or geropsychologists to manage the acute need for professional mental health services in County facilities and in the community.
- Educate Frederick County residents about the increasing incidence of mental health problems and advocate on behalf of increased mental health funding with state legislators.
- Because young people need jobs, they could become Certified Nursing Assistants (CNAs) right out of high school. County departments or organizations could partner with local high schools, community colleges, and four-year institutions to build critically needed health provider pipelines. Frederick County should also explore opportunities for interns from among Johns Hopkins University and University of Maryland medical students.
- Create better opportunities for additional long-term care workers through development of an employee-owned home health agency. A model agency, Cooperative Home Care Associates (CHCA) in New York City began with 12 home health aides and now employs over 2,000 staff. It achieves two goals simultaneously – providing quality home care to clients and quality jobs for direct care workers. Nationally more than 25% of home health aides are 55 and older, so this work opens up employment opportunities for all ages.¹¹⁴

¹¹⁴ <http://www.npr.org/2012/10/17/163010616/home-health-aides-often-as-old-as-their-clients>, accessed 9.12.13.

Goal #5. Social and Civic Engagement. *Older residents enjoy a good quality of life through ongoing community engagement. In particular, the quality of life of all county residents is enhanced by the many volunteer activities of its older residents and their continued involvement in the social and civic life of the county.*

The increased longevity and good health that many older adults enjoy mean that their interest in remaining socially and civically engaged will persist. Beyond choosing activities that are of personal benefit, older adults can be a great benefit to their communities. They may not want to make full-time commitments, but many communities have found that seniors relish the chance to solve problems in an array of volunteer roles and other forms of civic engagement. Frederick County, like other jurisdictions around the country, is seeking ways to leverage local resources from other sectors to supplement and, where appropriate, substitute for governmental action. Effective volunteer management and oversight is crucial. The *Stanford Social Innovations Review* estimates that \$38 billion is lost each year to poor management of volunteers.¹¹⁵

It is a sound strategy to enlist the help of older residents, who are the fastest growing natural resource the County has. Many older adults have been leaders in a variety of contexts and make valuable members and leaders on local boards and commissions. In our Needs Assessment survey, 52% of the respondents who answered the question on volunteering said they would like to do so, but 28% indicated that they did not know where to find volunteer opportunities.

Older volunteers want “purpose-filled and meaningful civic engagement and volunteer opportunities.”¹¹⁶ No less than younger people, older members of communities want to feel valued and respected, and when they are, they continue volunteering, with enthusiasm. Nationwide, 24% of people 65 and over volunteered in 2012.¹¹⁷ Those who begin to volunteer when they are employed are likely to carry volunteer engagement into retirement.¹¹⁸ Almost half of all boomers who work part time also volunteer, compared to one third of boomers who work full time and one quarter of boomers who are either unemployed or not in the labor force. Targeting boomers through their place of work may be a key to inducing boomers, and especially those with professional skills, to devote some of their time and talents to volunteering where they are needed in the community.¹¹⁹

County taxpayers are saved at least \$300,000 a year for aging services alone as a result of volunteers generously giving their time.

¹¹⁵ *Stanford Social Innovations Review*, “The New Volunteer Workforce”, http://www.ssireview.org/articles/entry/the_new_volunteer_workforce_2009, accessed 6.21.13.

¹¹⁶ *The Maturing of America: Communities Moving Forward for an Aging Population*, http://www.n4a.org/files/MOA_FINAL_Rpt.pdf, accessed 6.20.13.

¹¹⁷ <http://www.bls.gov/news.release/pdf/volun.pdf>, accessed 6.21.13.

¹¹⁸ http://www.urban.org/UploadedPDF/411580_older_volunteers.pdf, accessed 6.22.13.

¹¹⁹ http://www.nationalservice.gov/sites/default/files/documents/boomer_vol.pdf, accessed 6.22.13.

Beyond volunteering, older residents' quality of life is enhanced with engagement in social and civic life. In our survey, a majority of respondents (54%) selected "No" or "Don't Know" to the statement: "Frederick County encourages older adults to participate as community leaders." This response indicates the need for more intentional mobilization of older residents in civic life. While Frederick County is noted for the vibrancy of its arts and entertainment offerings, senior centers also play a meaningful role in social engagement, especially for individuals whose networks or opportunities may otherwise be limited. An earlier definition of what a senior center does remains true today:

*A senior center is a community focal point on aging where older adults come together for services and activities that reflect their experience and skills, respond to their diverse needs and interests, enhance their dignity, support their independence, and encourage their involvement in and with the center and the community.*¹²⁰

To be sure, new models of, and new names for, senior centers and their programs are emerging to respond to "new" older people coming on board as "seniors."

What Already Exists

- Many non-profit organizations and government agencies in the County find that volunteers are an indispensable resource. The Department of Aging, for example, deploys 250 volunteers who contributed over 14,000 hours in 2012 in a variety of roles. The benefit to seniors in the County is manifold: they receive an essential service, and they enjoy the company of other volunteers. Volunteers enjoy the health benefits that meaningful activity brings. County taxpayers are saved at least \$300,000 a year for aging services alone as a result of volunteers generously giving their time.¹²¹
- Frederick County currently has four senior centers, in Brunswick, Emmitsburg, Frederick City, and Urbana.

Documented Needs

- **Volunteer mobilization.** Focus group participants agreed that mobilizing volunteers is critical to addressing some of the County's problems. They pointed out that Frederick County needs to strengthen its recruitment and management of volunteers, and they particularly emphasized the need for volunteers to support vulnerable older adults. No single portal currently exists for residents to identify, or organizations to post, volunteer opportunities. Frederick County's volunteer organization portal, Volunteer Frederick, was closed in 2010. Effective volunteer mobilization requires leadership and a structure for recruitment, assignment, appropriate training, and recognition. Training is especially critical for volunteers positioned in life or death situations such as staffing a suicide hotline.

¹²⁰ <http://www.ncoa.org/assets/files/pdf/nisc/Senior-Center-Research-in-America-Donna-Wagner-PhD.pdf>, accessed 6.21.13.

¹²¹ Reported by Frederick County Department of Aging.

The Department of Aging, with its 250 volunteers, has mastered many of the skills essential in volunteer management. It has found it necessary, however, to assign staff with other crucial duties to this vital management role, thereby splitting their time and focus. To foster engagement by current and additional volunteers in support of aging residents, the department has requested a volunteer coordinator position in two budget years in order to effectively recruit, retain and direct the volunteers in its programs. However, due to funding constraints, the position was not approved. Yet, considerable savings can be realized by expanding the role of volunteers in the county's aging programs.

Staff working with older adults repeatedly mentioned that many do not know the services available and how to obtain and fill out the needed forms. This may be particularly acute for the community's Hispanic residents. Following appropriate training, volunteers could help to develop much-needed communications strategies and handle some preliminary aspects of case management, as well as satisfy some of the other needs of seniors that staff is currently not able to fulfill.

Strategies to Address the Needs

- **Volunteer mobilization** is of fundamental value to the work of the County, the United Way, the Community Foundation, and the Chamber of Commerce (who wishes to highlight the County's assets), to name the most prominent stakeholders. It is urged that these four entities pool resources to create another volunteer portal to enlist and deploy the generosity of time and talent Frederick County residents are willing to share. A student organization from one of the local colleges may be interested in collaborating to assist with information management and call staffing.
- **Volunteer mobilization.** Attention should be given to (1) seniors volunteering with seniors, (2) seniors volunteering with children and youth, and (3) youth volunteering with seniors. Examples of (1) include older adults offering classes on a wide variety of subjects to other older adults, as well as the many ways that seniors currently support the work of the Department of Aging – e.g., delivering Meals on Wheels, providing benefits enrollment. As to (2), the Community Foundation's 2011 *Human Needs Assessment* cited the critical value of children and youth having caring adults in their lives. The study said, "...caring adults who are consistently present and active in the lives of youth enhance resilience in young people, helping them thrive despite obstacles. They also act as protective factors for youth in high-risk settings and facilitate student learning." The study also noted that programs that link caring adults and youth rely heavily on volunteers, who are becoming harder to recruit.¹²² Boomers should actively be sought to fill this gap. Finally, examples of (3) abound, from the traditional roles such as youth visiting with otherwise isolated seniors and delivering Meals on Wheels to less traditional contributions like teaching or enhancing seniors' computer skills and co-tending community gardens.

¹²² Community Foundation of Frederick County, *Human Needs Assessment Report*, August, 2011, <http://www.cffredco.org/images/pdf/needsassessmentreport.pdf>, accessed 6.20.13.

- Volunteer mobilization.** The growing number of older residents for whom English is a second language offers the opportunity for a unique form of intergenerational social engagement that should be explored between local colleges and senior centers that have participants seeking to learn English or improve their proficiency. Project Shine¹²³ connects college students and immigrant elders for mutual benefit and the promotion of intercultural and intergenerational understanding. Students can learn or improve their facility with a second language while assisting seniors with English language acquisition, and each learns more about the other's culture in the process. Colleges where service learning is institutionalized as a curricular expectation are the most likely partners in volunteer engagement.
- Civic engagement.** Older residents already serve on Frederick County boards and commissions, but more can be recruited. The county's non-profit organizations seek strong leaders, and the opportunities for seniors to serve in significant roles in their communities are greater than ever before. Some examples of organizations that provide invaluable services by volunteers include:

 - Volunteers in Medicine, a national network of 96 free clinics which, in 2012, provided medical services to 100,000 patients. Baltimore has one such site.¹²⁴
 - AARP's Experience Corps involves older adults as tutors in K-3 literacy in underserved schools.¹²⁵
 - The organization SCORE, with a chapter in Frederick, taps the skills of experienced business managers to mentor and counsel startups and existing businesses.¹²⁶
- Senior/boomer programming.** The Department of Aging should continue its programming innovations that respond to boomer sensibilities. It might also consider using non-traditional space like school facilities for certain kinds of programming for older adults. As senior centers are built or renovated, attention should be given to making them environmentally-friendly. The award-winning, LEED-certified Apache Junction, Arizona, Multi-generational Center, incorporated the use of renewable resources and recycled products, window and roof design to reduce the need for electricity, and elements to reduce water usage. It has implemented green practices such as recycling and the use of environmentally-friendly products.¹²⁷

Grey and Green Together

When the Jefferson Area Board for Aging in Charlottesville, Virginia, decided to "go green" in its operations, it found that seniors who had experienced the Depression were able to relate to the issue of conservation, and the green emphasis came to be a retention tool for younger staff, who took leadership in making environmentally-friendly changes.

¹²³ www.projectshine.org, accessed 6.22.13.

¹²⁴ <http://volunteersinmedicine.org/wp-content/uploads/2010/09/Fact-Sheet.pdf>, accessed 8/1/13.

¹²⁵ <http://www.aarp.org/experience-corps>, accessed 9.1.13.

¹²⁶ <http://www.score.org/about-score>, accessed 9.2.13.

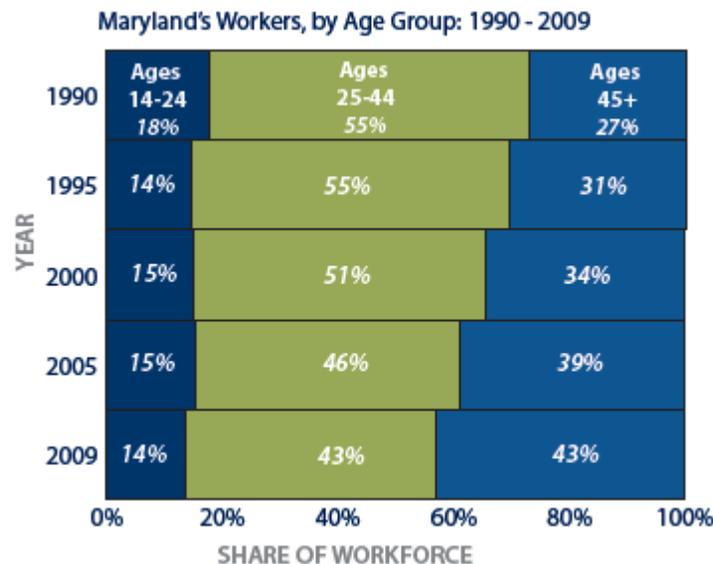
¹²⁷ <http://www.recmanagement.com/200605aw1i.php>, accessed 6.22.13.

Goal #6. Economic and Workforce Development. *The important contributions of older residents to the county’s economy are recognized and the innovative entrepreneurship of and on behalf of older residents is encouraged.*

Older adults contribute to the health of communities in ways that are sometimes overlooked, including the fact that they are good for business. They help businesses thrive in several ways:

- Many seniors have significant spending power.
- They buy products and services that generate new, and expand established, businesses. The Boomer Project, based in Richmond, VA, has researched extensively the preferences of boomers, and expects many businesses to flourish due to their interests and needs. These include travel and tourism, health clubs, home maintenance and home improvement services, grandparent-friendly venues and products, personal care, beauty and apparel, financial services and education/learning.¹²⁸
- The skills and experience of older adults enable them to be great mentors to younger entrepreneurs and workers.
- The workforce needs them! In Frederick County, 21% of workers who both live and work in the County are 55+. The highest growth rate of workers coming into the County from elsewhere is among those 55+.¹²⁹ Like the State (shown below in Figure 4), Frederick County increasingly relies on people 45 and above to constitute the workforce.

Figure 4.



Source:

<https://www.google.com/search?q=maryland+workforce+indicators+2010&og=Maryland+Workforce+Indicators+&aqs=chrome.2.57j0l2j62.13202j0&sourceid=chrome&ie=UTF-8>

¹²⁸ http://www.boomerproject.com/documents/white_papers/50_things.pdf, accessed 6.22.13.

¹²⁹ Community Foundation of Frederick County, *Human Needs Assessment Report*, August, 2011, <http://www.cfredco.org/images/pdf/needsassessmentreport.pdf>, accessed 6.20.13.

Frederick County businesses have much to gain from paying close attention to this growing population in their midst. One of the many good features of businesses that support older populations is that they tend to have the economic development characteristics favored by Frederick County residents – they are smaller scale rather than big-box, heavy truck-based, or industrial businesses,¹³⁰ and they are labor-intensive, thus opening up local jobs. Older residents can be encouraged to favor local enterprises in “buy local” campaigns that strengthen bonds to the community and to its small businesses, while attracting a loyal customer base.¹³¹

Further, older adult entrepreneurs often have the wherewithal to create new businesses. They have the experience, the long credit history, the education, and may have the assets to launch a new business. In recent years, older entrepreneurs are proving to be far better at creating enduring businesses than their younger counterparts.¹³²

Though older job seekers may have difficulty finding employment, by 2019 Americans aged 55 and over will constitute 25% of the U.S. labor force. This is good news for older workers as well as employers, who are slowly finding that they need the expertise, skills, loyalty and work ethic of mature workers. Those 65 and over in the workforce in 2010 represented 16% of their age group in comparison to 12% in 1990.¹³³ Of particular note is the 58% increase since 1993 of people 75+ who continue to work.¹³⁴ Indeed, a 2012 poll estimated that 50% of boomers will not have the financial wherewithal to consider retirement at all.¹³⁵

What Already Exists

- **Older workers.** Frederick County’s Workforce Services offers considerable support to older job seekers, including computer training, resume development, workshops with attention to issues like federal jobs and overcoming the age barrier, and assistance to create a small business. It links applicants to the employment needs of many corporations, small businesses, non-profits and federal installations and offices in the County. In April, 2013, 22% of those who sought the help of Workforce Services were 45 to 54; 13% were 55 to 64; and 4% were 65 and over. Lower-level positions are found to be easier to fill with an older worker.
- **Small business development.** The state of Maryland supports Small Business Development Centers (SBDC) for aspiring entrepreneurs. Located in Winchester Hall in Frederick, the

¹³⁰ *Community Survey Results*, June 2008,

http://frederickcountymd.gov/documents/7/128/895/SurveyRptUpdat_1.PDF, accessed 6.20.13.

¹³¹ <http://www.theatlanticcities.com/jobs-and-economy/2013/04/how-design-buy-local-campaign-actually-works/5399/>, accessed 9.1.13.

¹³² http://www.slate.com/articles/business/moneybox/2010/12/grownup_startups.html, accessed 6.22.13.

¹³³ <http://www.forbes.com/sites/kerryhannon/2013/01/25/why-older-workers-cant-be-ignored/>, accessed 6.22.13.

¹³⁴ <http://www.pbs.org/newshour/new-older-workers/chapter-1-rethinking-retirement>. Accessed 6.22.13.

¹³⁵ http://www.aarp.org/politics-society/government-elections/info-08-2012/aarp-2012-voter-survey.html?cmp=RDRCT-VTR50PL_JUL30_012, accessed 6.22.13.

County’s SBDC trains and counsels entrepreneurs on issues such as business plan development and marketing.¹³⁶

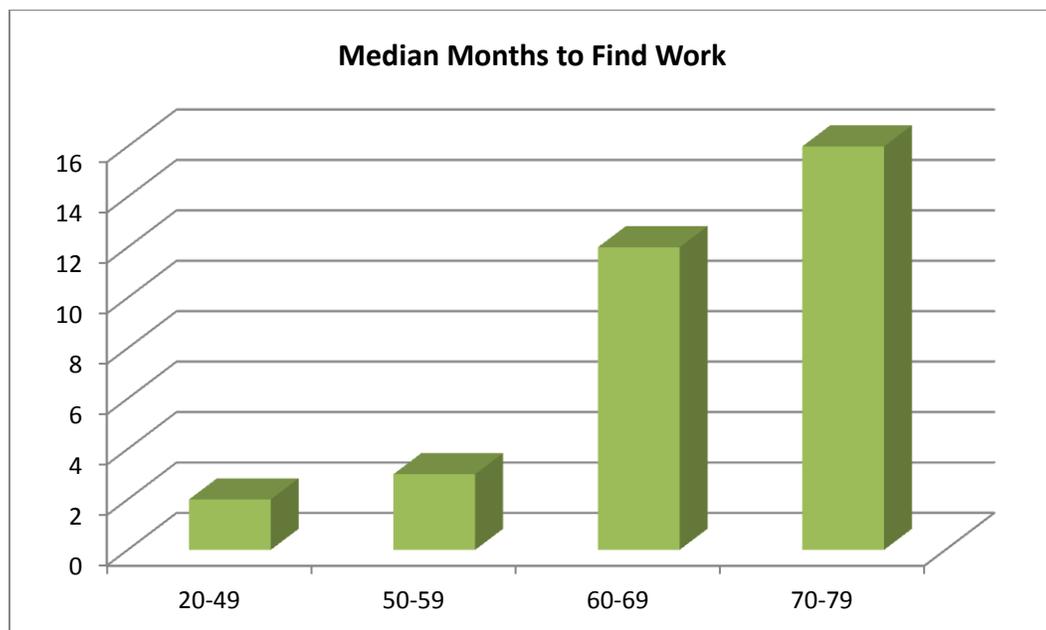
- **Business development.** Frederick County’s Business Development and Retention Department clearly understands the potential for the creation of businesses by older entrepreneurs—and recognizes that increasing numbers of older adults might be interested in developing them. The Department’s resources and partnerships offer deep support to those who have an idea that could become a new business—and a provider of jobs-- in the County. The City of Frederick’s Department of Economic Development partners with the County’s efforts to sustain current businesses and to attract entrepreneurs.

The Frederick County Entrepreneurial Support Network is a collaborative of agencies and non-profits that provide support to entrepreneurs and small business owners. As such, it is another front door to support services and information such as business counseling, advocacy, and exclusive funding programs.¹³⁷

Documented Needs

- Eighty-nine percent of our survey respondents believe that older workers have difficulty, because of their age, when seeking employment. Among respondents, currently 161 (19%) work full-time, and 133 (16%) work part-time. Of the 40 survey respondents (5%) who said they are currently seeking work, the median amount of time they have been looking is six months. However, a clear pattern emerges when this is broken down by age groups:

Figure 5. Survey Respondents’ Median Time Required to Find Work, by Age Group



¹³⁶ <http://www.discoverfrederickmd.com/EmergingBusiness/SBDC.htm>, accessed 6.22.13.

¹³⁷ <http://www.frederickesn.org/ESNDirectorySept08.pdf>, accessed 6.22.13.

- As noted in earlier sections, the County is facing a critical shortage of health care providers requiring a wide range of educational backgrounds. This represents an opportunity for considerable local job creation.
- Also noted earlier, older consumers who seek to age in place have significant need for home maintenance and modification services. This represents an entrepreneurial opportunity in the County.

Strategies to Address the Needs

- **New business creation.** Because aging creates a variety of business opportunities, establish an Aging in Place Task Force with the County’s Business Development and Retention Department and the Small Business Development Center. This would provide an excellent venue for service providers in aging to network with a critical constituency, co-create entrepreneurial opportunities to serve the older market, and connect older residents with business expertise to emerging and existing businesses for mutual reward. The group should consider, among other issues, developing a “buy local” campaign that appeals to older consumers. It can also be a setting to discuss how business can be good for older workers -- with options like part-time work, job sharing, and tele-commuting – as well as older consumers – by making access to and mobility within businesses senior-friendly.¹³⁸
- **Revenue generation.** Frederick County wants to maintain the appealing character of the area that so many residents desire. While it may not think of itself at present as a retirement destination, the county has several features that appeal to in-migrant seniors – natural beauty, a rich history, and low crime rates. Given the emphasis in this Needs Assessment on older people as assets, it would be cost-beneficial for a group like the Chamber of Commerce to consider the possibility of advertising the county as open for senior in-migration. The net average local surplus per older household (local revenues of income and property taxes minus local expenditures for persons 55 and above) is estimated at \$4,967 – the highest in the State. Even for in-migrants 85+ the net local surplus is estimated at \$4,209 per household. These numbers do not reflect additional local revenues from newcomers through their consumer spending and the social good from their volunteerism. Further, each newcomer is estimated to support 50% of a new local job.¹³⁹
- **Older workers.** Workforce Services, already supportive of older job seekers, could collaborate with the Chamber of Commerce, the Business Development and Retention Department, the Department of Aging and others to familiarize employers with the importance of retaining and hiring older workers (their expertise, skills, maturity, reliability, loyalty, may be willing to work part time, etc.). Older job seekers could then be matched with employers, and when appropriate, job announcements and advertisements could specify that older applicants are sought or are welcome.

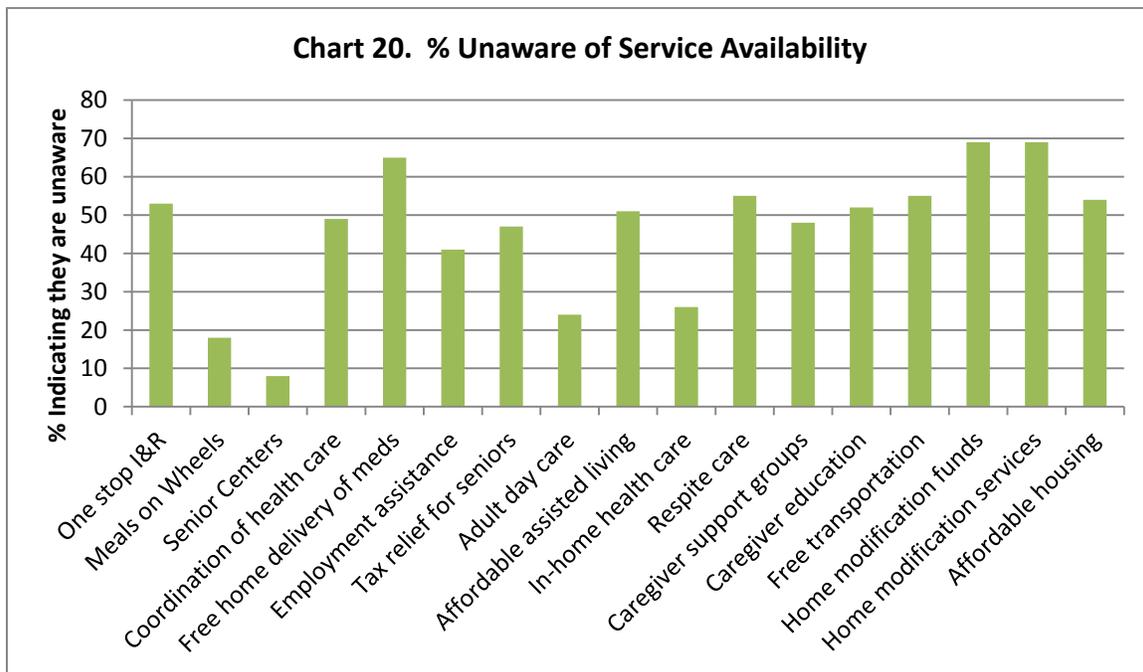
¹³⁸ <http://www.npr.org/2011/05/10/135773106/in-an-aging-nation-making-stores-senior-friendly>, accessed 6.22.13.

¹³⁹ http://www.mdp.state.md.us/msdc/ElderlyMigration_2006.pdf, accessed 6.22.13. The business case is also made at <http://www.virginiabusiness.com/index.php/opinion/article/migrating-retirees-are-good-for-business-in-virginias-communities/>, accessed 6.22.13.

- **Older entrepreneurs.** Be sure that older residents are familiar with the Small Business Development Center and the Entrepreneurial Support Network by including this information routinely in communications to older residents.

Goal #7. Communications, Outreach, and Collaboration. *Information about services and programs is readily available and accessible in a variety of formats and venues for older residents of Frederick County, their families and caregivers, local organizations and businesses. The county’s governmental units, nonprofit service providers, funders, and businesses further strengthen their collaborative efforts on behalf of Frederick’s seniors.*

Frederick County currently offers important services and supports to seniors. However, too many residents in Frederick County -- whether affluent or low-income, healthy or frail -- do not know what is available to them—and what is not. In the survey we conducted for this Needs Assessment, we asked respondents to indicate whether 17 different services were available in Frederick County. All 17 are. Chart 20 below shows the percentage of respondents who indicated either that the specific service was not available, or they did not know if it was available. The best known service is the senior center, whose physical presence in four communities provides everyday advertisement of a sort.



It is admittedly difficult for individuals to plan for every possible consequence of aging, but Frederick County can greatly help residents by educating them about resources that might be

useful to them, now and in the future. Very importantly, it can benefit Frederick County residents to understand the many decisions they can make—in advance—to assure their quality of life as they age. Too often an emergency arises for an aging individual, and families don't know where to begin. While the county considers what new steps it needs to take to advance itself as a senior-friendly community, it is also important that current offerings are widely known and utilized. That said, for those programs already operating at capacity, information dissemination is likely to inundate available resources and may present the specter of having to turn away even more people seeking help.

What Already Exists

- We extend kudos to the Department of Aging and the Commission on Aging for their diligence in seeking a broad spectrum of partners as they assess the needs of aging residents, as well as their ongoing collaboration with many individuals and organizations in the county. It was evident throughout the needs assessment process that their strong, cooperative relationships with Frederick County's government agencies, non-profit organizations and service providers promote a holistic approach to resolving problems of older residents. This is a critical asset going forward.
- Frederick County's MAP project (Maryland Access Point) will facilitate the learning process and help older adults and their families, as well as younger people with disabilities, to find the help they need. The Department of Aging received funding two years ago to develop this "no wrong door" approach for Frederick County. Information about services will be moved out to the community—rather than people coming to the Department of Aging. Information about how to complete forms will be available. Only one 800 number, provided by the state, will be available, but the client will be sent to the right place. DOA staff is being redirected, with one person paid by a grant, for which DOA has to reapply every year. By 2016, MAP must be self-sustaining, according to the federal government.
- The latest Blue Book Resource Directory from the Department of Aging is in print and will be online by the time this report is released.¹⁴⁰ It contains several hundred resources to address the needs of older adults, persons with disabilities, and their families and caregivers. This publication had been made possible through a collaborative partnership between the *Gazette* and the Department of Aging, along with advertising support, thus enabling the Department of Aging to provide this resource without expense to the Frederick County Government.
- The Department of Aging increasingly is using social media, including YouTube, to reach family members, as well as public service announcements. Experienced public relations experts could be very helpful to the department to expand the use of social media and "brand" the department's services in language that is not viewed as negative by boomers – whose language and sensibilities about aging are different from the present generation of seniors.

¹⁴⁰ http://www.frederickcountymd.gov/documents/29/32/435/2012%20Blue%20Book_201210120925351325.pdf, accessed 6.22.13.

Documented Needs

- Focus group participants reported that consumers/potential consumers of aging services tend to have a just-in-time approach to those services. Many are not concerned about the problems they may face as they age, and may well be shocked when they find, for example, that they will be using a wheelchair and realize then that their home is not accessible. Focus group participants reported that people tend to be in dire straits by the time they seek help, and providers feel the need to get information to people sooner. Further, the process for obtaining some help is felt to be too complicated, and those who need assistance may not have someone to assist them in the process.
- Related to the previous point is the recognition that the need for a new language about aging is emerging with the boomer generation. They do not want to be called seniors or be described as elderly or described with other terms that they feel stigmatize them. Finding the right language improves chances that the message will be heard. The Frederick Senior Center's new Friendship Café shows that the Department of Aging is on the right track.
- While collaboration in Frederick County is high, it could become more formalized to ensure that the growing senior population receives systematic attention from the broadest array of providers of services and supports and other community stakeholders.

Strategies to Address the Needs

- **Outreach.** Because 71% of respondents to the survey said that they are informed by their local newspaper, it would be ideal if experts in aging could be provided space for a regular column in the *Frederick News Post*. A newspaper or other outlet that does offer such a column must be cautious to avoid labels and characterizations that can offend their older readers, including in its headlines.
- **Outreach.** The “pull” approach (information is available for those who seek it) needs to be complemented by a “push” that gets information out in many different contexts and is repeated frequently enough to be understood, even by those who may be passive receivers of the information. Successful “push” efforts often engage networks in which people are already involved, such as faith institutions, civic organizations, schools and other organizations. The Department of Aging should explore opportunities to use county mailings (e.g., utility bills, tax notices – where the message reflects taxpayers’ resources at work), neighborhood association newsletters, and bulletins of faith-based organizations for regular communications.
- **Outreach.** One of the top priorities is to integrate resources so that constituents can more readily access what they need. The Maryland Access Point promises to do this when its Information and Assistance program encompasses the entire County and it has guaranteed funding.
- **Outreach.** The Commission on Aging should consider the development of a speakers bureau to visit senior settings, workplaces, Naturally Occurring Retirement Communities

(known as NORCs, these are neighborhoods, apartment buildings, and condos where many are aging in place), libraries, places of worship, and other community locales to provide information about existing services, supports, volunteer opportunities, and gaps. Family caregivers are an especially crucial audience, as they can become valued advocates for further strengthening services and supports for seniors.

- **Outreach.** This Assessment has identified stakeholders for aging that go beyond the usual government units and nonprofit groups – such as Frederick County’s Small Business Development and Retention Department, local food advocates, entrepreneurial networks, and colleges. These networks should be added to the regular audiences that Department of Aging communications seek to reach.
- **Collaboration.** To *systematize* its already good collaboration with other governmental units, the Department of Aging should consider the creation of a formal Aging Liaison Group with representatives from key governmental departments that also affect older residents. Brief quarterly meetings or conference calls would ensure the regular exchange of information and any needed problem-solving, as well as offer opportunities to explore ways that existing resources can be most efficiently and effectively applied. An advisory council will be created as part of the Maryland Access Point project. This council could possibly serve as the Aging Liaison Group.
- **Collaboration.** Given the growing needs for service provision that are identified in this report, Frederick County must explore the benefit of public-private partnerships that include nonprofits and private sector businesses to accommodate what is already growing demand. Partnerships could be structured so that services provided to those who can afford market rates would be able to subsidize the provision of services for lower income seniors. The Jefferson Area Board for Aging in Charlottesville, VA, uses this model and has raised \$1.6 million over 15 years for seniors needing assistance but unable to pay.
- **Communication.** All stakeholders in aging will need to find effective ways to message to both current seniors and boomers. Some suggestions include focusing on issues and interests rather than one’s age and making reference to life stage (e.g., empty-nester) rather than age.¹⁴¹ The Department of Aging’s utilization of “cafe,” for example, rather than “senior center program” illustrates this practice. All Frederick County sectors that wish to

In Washtenaw County, MI (the Ann Arbor area), aging is one of the six priorities funded through coordinated funding that involves both public and private organizations. The United Way, Ann Arbor Area Community Foundation, City of Ann Arbor, and the Office of Community and Economic Development at Washtenaw provide funding for aging programs in a streamlined process through this public/private partnership.

¹⁴¹ <http://newoldage.blogs.nytimes.com/2012/04/19/elderly-no-more/>, accessed 6.21.13.

gain the attention of subsequent cohorts of older people need to become attuned to changing terminology. Some businesses have already recognized this need in order to attract a growing older consumer market.¹⁴²

¹⁴² See, for example, *The Boomer Consumer*, <http://boomerconsumer.com/>, accessed 6.21.13.

Part 3. Action Plan

This Needs Assessment and its recommendations underscore that a senior-friendly Frederick County depends on the engagement of every sector of the community, even as the Department of Aging and the Commission on Aging continue their leadership on efforts that affect the burgeoning older population. Below we identify actions that each sector can take immediately, and those actions that should become routinized on an annual basis. For reference, we identify the Goals to which Actions relate with the following notation:

- H = Housing
- T = Transportation
- LTSS = Long-term services & supports
- He = Health
- SCE = Social & civic engagement
- EWD = Economic & workforce development
- C = Communications, collaboration, outreach

The reader can return to the identified section of the report for elaboration on particular action steps.

Department of Aging

Year	Action
2013	Review recommendations in this report and determine a multi-year strategy for mobilization of other stakeholders and implementation of the recommendations
2014	<p>Undertake the creation of a business plan to identify specific opportunities and partners for public/private collaboration to meet the needs of a growing senior population</p> <p>LTSS: Secure ongoing funding for MAP</p> <p>C: Consider the formation of an Aging Liaison Group with representatives from key government departments to systematize existing collaboration</p>
Annually	<p>H: Include housing guidance in case management</p> <p>LTSS: Expand volunteer use to the extent that their sufficient management is possible. Define appropriate roles and develop a training program for volunteers to assist with the application and renewal of benefits.</p> <p>He: Work with allies in Frederick County to recruit gero-psychiatrists or gero-psychologists to manage the acute need for professional mental health services in County facilities and in the community.</p> <p>SCE: Continue programming innovations that respond to boomer sensibilities</p> <p>EWD: Provide older residents with information about the Small Business Development Center and the Entrepreneurial Support Network</p> <p>C: Use County mailings, neighborhood association newsletters, and bulletins of faith organizations for further exposure and information-sharing</p> <p>C: Offer guidance to all stakeholders about appropriate messaging for current seniors and boomers</p>

Commission on Aging

Year	Action
2013	Review recommendations in this report and determine a multi-year strategy for implementation
2014	<p>H: Examine existing laws and regulations to identify barriers to affordable housing and recommend needed changes (in conjunction with the Affordable Housing Council)</p> <p>LTSS: Working with the Department of Aging, form a Business Task Force to help employers understand the impact of the growing senior population on employee caregivers and encourage them to mobilize volunteers and support programs around LTSS needs. Seek new Commission members from the business community.</p> <p>LTSS: Working with the Department of Aging, encourage local educational institutions to develop career pipelines and intern opportunities for the cadre of health providers needed</p> <p>C: Working with the Department of Aging, inquire about writing a regular column for the <i>Frederick News Post</i></p> <p>C: Working with the Department of Aging, consider the establishment of a (volunteer) speakers bureau for information-sharing. In particular, become familiar with and share the benefits of the Village movement</p>
Annually	<p>Monitor all key County plans for their inclusion of the needs of older residents, and invite directors of critically important departments to CoA meetings to update the Commission on plans that impact seniors and boomers</p> <p>LTSS: Advocate for increased federal and State funding for Medicaid waivers, Adult Protective Services, mental health services, subsidized group homes, and other LTSS</p> <p>LTSS: Organize additional fund-raising through local faith networks, businesses, community residents</p> <p>He: Working with the Department of Aging, collaborate with service providers and health professionals to support the creation of a dental clinic</p> <p>He: Working with the Department of Aging, collaborate with service providers and health professionals to advocate for the availability of medical homes</p> <p>C: Reach the County's increasingly diverse populations through faith-based institutions and specific population-focused service organizations</p>

County Government

Year	Action
2013	Review recommendations in this report and determine a multi-year strategy for implementation
2014	<p>Provide assistance to the Department of Aging for the development of public/private partnerships to address the growing needs of older residents.</p> <p>Provide advice and support for multiple uses of County-owned facilities that include functions for older residents.</p> <p>H: Encourage the use of Universal Design and visitability standards in new dwellings</p> <p>H: Consider public/private partnerships for the development of affordable assisted living and other housing for seniors.</p> <p>T: Assess the use of County vehicles to reduce any duplicated services and enable resulting vehicle availability to address needs of more isolated seniors</p> <p>T: Encourage taxi companies to offer accessible cabs</p> <p>T: Improve TransIT signage, stops, and benches for easier use by seniors</p> <p>T: Consider Elder Districts for senior-friendly street design</p> <p>He: Investigate how public meals providers can maximize utilization of locally-produced agriculture for the benefit of all stakeholders</p> <p>EWD: In collaboration by the Department of Aging, Business Development and Retention Department, and the Small Business Development Center, establish an Aging in Place Task Force to identify entrepreneurial opportunities for serving the older market</p> <p>EWD: With Workforce Services in the lead, collaborate with the Chamber of Commerce, the Business Development and Retention Department, the Department of Aging and others to familiarize employers with the importance of retaining and hiring older workers</p>
Annually	<p>H: Maintain support for the Land Trust</p> <p>H: Include the needs of older adults and those with disabilities in the creation of workforce housing</p> <p>T: Seek further State support for TransIT-plus</p> <p>Support the position of a volunteer coordinator for the Department of Aging</p>

Business Community

Year	Action
<p>2014</p>	<p>Work with the Department of Aging on the creation of a business plan to identify specific opportunities and partners for public/private collaboration to meet the needs of a growing senior population</p> <p>H: In collaboration with the Affordable Housing Council, identify commercial properties that can be repurposed for affordable intergenerational housing</p> <p>LTSS: Realize the economic opportunities available for new products and services needed by an aging population</p> <p>EWD: Develop a specific “buy local” campaign that appeals to older consumers</p> <p>EWD: Evaluate the feasibility of advertising Frederick County as a retirement destination</p>
<p>Annually</p>	<p>Collaborate with the Department of Aging for mutual benefit</p>

Nonprofit Providers

Year	Action
2013	Review recommendations in this report and identify where your work can contribute to the well-being of the older population
2014	<p>Work with the Department of Aging on the creation of a business plan to identify specific opportunities and partners for public/private collaboration to meet the needs of a growing senior population</p> <p>T: Investigate the feasibility and value of establishing an Independent Transportation Network</p> <p>He: Investigate the creation of an employee-owned home health agency</p>
Annually	<p>H: Increase the availability of affordable and volunteer-driven home modifications</p> <p>T: Increase the availability of volunteer drivers and “travel trainers”</p> <p>He: Increase outreach to adults, especially vulnerable populations, to educate them about the prevention and management of chronic diseases</p>

Local Non-governmental Funders

Year	Action
2013	Review recommendations in this report and identify where your investments can contribute to the well-being of the older population
2014	<p>Invest in the creation of a business plan led by the Department of Aging to identify specific opportunities and partners for public/private collaboration to meet the needs of a growing senior population</p> <p>Invest in a volunteer portal that can mobilize the untapped talent and time of community residents, including seniors</p>
Annually	<p>H: Expand support to nonprofit providers of home modifications</p> <p>T: Expand support to nonprofit providers of transportation services</p>

Educational Institutions

Year	Action
2014	LTSS: Develop career pipelines and intern opportunities for the cadre of health providers needed
Annually	SCE: Utilize service learning on behalf of engagement with older residents

In order for the Department of Aging to realize the aspirations Frederick County has for its older residents, attention must be given to the following issues:

1. Re-visioning within the Department of Aging. The Department of Aging currently undertakes the core work of Area Agencies on Aging – planning and advocacy for seniors; providing what are now the traditional aging services and activities, with special emphasis on seniors who are low income and most at risk of being institutionalized; and providing staff support for the Commission on Aging. In the decade ahead, the Department will need to continue to serve these functions well, even as they must be adapted to a new type of senior and a growing clientele.

At the same time, the Department must be positioned to seize tomorrow’s opportunities, as described in this document. This entails continued engagement with current allies, mobilizing new allies, and helping others in the County appreciate how deeply the well-being of current and future seniors is tied to the community’s overall well-being. Such work will transcend human services per se and extend into matters like the built environment and economic development.

2. Determination of the feasibility of creating a nonprofit, 501(c)(3) corporation that will have the flexibility to avail itself of the many entrepreneurial possibilities spawned by a growing senior marketplace. Such business opportunities would have a triple bottom line – meeting DoA’s mission, serving a wider spectrum of older residents, and producing positive financial returns. DoA could then choose to pursue revenue generating ventures, either on its own or in partnership with local businesses, both with existing companies as well as start-ups. It is projected that consumers will show a preference for DoA services, knowing their purchase will simultaneously be contributing to a charitable enterprise. Within this new organization and affiliated entities it may create, DoA could provide consulting expertise, a variety of health related services and also enter into agreements to build affordable housing. Diversifying the DoA revenue base will supplement government funds and contribute to the financial sustainability of existing programs.

3. Intentionality to the increasing diversity of the older population. The expected growth in the number of older residents is coupled with the fact that each successive cohort will be more diverse in terms of language, race, and ethnicity than previous groups of seniors. Nationally,

“ethno-gerontology” – the understanding of variations in the aging experience across different racial-ethnic groups – is a growing competency. Culturally aligned services are more effective services. Strong connections between majority-group senior-serving organizations and community-based organizations that are aligned to specific cultural communities can strengthen all organizations.

4. Annual progress reports from County departments and other stakeholders who have taken the lead in the implementation of various aspects of this Needs Assessment. Each year, the Commission on Aging, in conjunction with DoA, should invite these entities to make a formal report to the Commission on what has been accomplished and their plans for implementation and other forms of action in the year ahead. Such planned annual convenings foster both the knowledge sharing and accountability that are crucial to collaborative movement toward a more senior-friendly Frederick County.

Conclusions

The previous pages offer considerable detail about the context in which the aging of Frederick County's population is occurring, the ways in which the County already supports its older residents, the needs that remain nevertheless, and strategies for addressing those needs. It is important that the following highlights and themes are not lost in that detail:

- ◆ **Older residents need and desire many of the services, supports, and amenities that all residents want.** These include adequate, affordable housing; convenient transportation; access to appropriate health care; and social connections. Many actions that the County is already taking stand to benefit seniors, so long as their particular concerns within these issues are kept in mind.
- ◆ **Considerable attention is being given to targeted services and supports for older residents of Frederick County.** Combined with State and federal funds, local nonprofit efforts, and an array of volunteers, the County utilizes its current resources to good effect on behalf of the aging population. Still, needs remain, and waiting lists grow.
- ◆ **The needs of lower income, geographically isolated, and frail older residents are particularly acute.** These are the most vulnerable elders because of *the lack of* affordable housing, convenient transportation services, the necessary array of community-based supports, physicians who will accept Medicare/Medicaid and understand geriatric issues, adequate options for those with serious mental health issues, and overall case management. Residents above income eligibility thresholds for Medicaid and other means-tested supports are too often unable to pay full-cost for what they need and would benefit from sliding scale fees for services.
- ◆ **Services and supports for the most vulnerable older residents are overwhelmed.** The Department of Aging and the larger provider community are confronted with insufficient funds even to meet the needs of today's seniors, which portends a crisis as the older population doubles.
- ◆ **The provision of long-term services and supports to enable aging in one's own home opens up opportunities for economic and workforce development.** Aging is good for business! The increasing older population has considerable consumer spending power along with their unmet needs.

- ◆ **Older residents remain an under-tapped resource for volunteer and entrepreneurial activities.** In particular, the social and civic interests of boomers can be mobilized further to address needs of the County's older population, as well as apply their talents and time on behalf of new business creation and support for other generations, most notably children and youth.

The recommendations offered in this report address all of these important considerations.

Creating a senior-friendly community requires champions of all ages from across all sectors of community life. The Action Plan encourages the engagement of a wide range of agencies, organizations and residents to contribute their expertise, time, and energy to concrete change for Frederick County. That change stands to benefit everyone.

Aging is a lifelong process. What a community does for every generation today predicts not only how today's seniors fare, but also the prospects for tomorrow's seniors. At any age every resident has assets to share and concerns to be addressed. This Needs Assessment highlights the significant assets that older residents bring to shaping a vibrant County. It also positions Frederick County as a caring community for those in later life who have the need for assistance and support. The expected doubling of the County's older population is dramatic in itself. Even more dramatic is the opportunity for the County to respond by committing to strategies that strengthen bonds across generations, recognize the interconnectedness of issues, and build bridges across departmental domains, sectors, and constituencies. This report offers such strategies. And it foresees a host of champions and allies for the work ahead.

Appendices

- A. Planning by Municipalities**
- B. Housing Supports**
- C. Affordable Assisted Living and Nursing Care Facilities in the County**
- D. Affordable Housing Land Trust**
- E. Affordable Housing Council Strategic Plan**
- F. Money Follows the Person Medicaid Program**
- G. Report of Service Providers Focus Group**

Appendix A. Planning by Municipalities

Brunswick

Close to the borders of Virginia and West Virginia in the southern part of Frederick County, Brunswick is a town built on steep hills bordering the Potomac River and the Chesapeake and Ohio Canal. For many decades a major railroad town, it is now home to a railroad museum. Brunswick is currently hard at work revitalizing its Main Street.

Total population: 5,870, (2010 Census)

Percentage 65 and over: 9.8% (2010 Census)

Median household income: \$61,450 (American Community Survey (ACS), 2007 - 2011)

Median home value: \$242,041 (ACS)

Estimated percentage 65 and over living in poverty prior to 2012: 14.3% (ACS)

Residences for seniors: Brunswick House Apartments, HUD-subsidized efficiencies and one-bedroom units.

Other amenities for seniors: the Brunswick Senior Center and the Brunswick Library.

Housing: Housing prices tend to be more affordable than in other parts of the county. Because many homes in Brunswick are older, some seniors may not be able to afford to maintain their homes.

Transportation: The MARC station in Brunswick boasts the highest ridership in the county. Parking at the station, however, is not sufficient, and bus service to MARC is not available. Brunswick has sought funding from the state to expand parking at the MARC station, but to no avail to date. Bus service in Brunswick is available only in the morning and later afternoon. The town is amenable to mixed-use development and is currently improving its streets and sidewalks to make them safer and more accessible. Brunswick describes its approach to transportation as neo-urban design that preserves its small-town atmosphere. Its planning policies recommend alternatives to the car that support installation of sidewalks, bike paths and racks, and bus shelters.

Burkittsville

This rural town is notable for its old-fashioned charm—it seems not to have changed since the 19th century. Its tiny population is very proud of Burkittsville, which is only four blocks long, with very short side streets. Surrounded by farmland and mountains, the motto of this tight-knit community is “Neighbors helping neighbors.” The town is listed on the National Register of Historic Places, and the Appalachian Trail is only a mile from Burkittsville.

Total population: 151 (2010 Census)

Percentage 65 and over: 15.23% (2010 Census)

Median Household Income: \$80,625 (American Community Survey, (ACS) 2007 – 2011)

Estimated percentage 65 and over living in poverty: 6.9% (ACS)

Median home value (owner-occupied): \$345,500 (ACS)

Residences for Seniors: None are located in Burkittsville.

Other amenities for seniors: Burkittsville has such a small population that residents must travel to reach amenities in other locations in the county. Middletown and Brunswick, however, are ten minutes away, and both have grocery stores and other retail outlets for necessities.

Housing: As an historic town, 55 of its 71 houses were built in 1939 or earlier. Its older residents remain in their homes for as long as physically possible, but maintenance can be very difficult for older residents in older homes. Apparently, however, neighbors do help neighbors stay in their homes.

Transportation: For older Burkittsville residents, transportation can be a serious problem if they do not drive. The town does not have grocery stores, medical facilities or other amenities. Though TransIT Plus serves the town and is useful for medical trips, trips to grocery stores can require a wait.

Emmitsburg

Located at the base of the Catoctin Mountains, the Emmitsburg area has been the home of several institutions of the Catholic Church for generations. The National Shrine of St. Elizabeth Ann Seton lies within the town boundary, and the archives of the Sisters of Charity are housed in a 20,000 square foot facility there. Mount St. Mary's University adds a youthful 2,350 students to the area's mix, and the National Shrines of the Grotto of Lourdes and Mt. St. Mary's Seminary are located on the campus. FEMA's National Emergency Training Center, Fallen Firefighters' Memorial, a County Fire and Rescue Museum, and several well-known hometown restaurants, draw many thousands of trainees and tourists to the town each year.

Total population: 2,814 (2010 Census); does not include university students

Percentage 65 and over: 16.28%

Median household income: \$42,625 (American Community Survey (ACS) 2007 – 2011)

Estimated percentage living in poverty: 22.3% (ACS)

Median home value (owner-occupied): \$224,800 (ACS)

Residences for seniors: Lincoln on the Park, affordable apartments for 32 seniors and persons with disabilities; St. Catherine's Nursing Center, a 76-bed skilled nursing facility. Homes for America has bought property from the Daughters of Charity that will be developed as

affordable housing, with 31 one-bedroom units and 12 two-bedroom units, five of which will be accessible for those with disabilities.

Housing: The housing stock is older and often inappropriate for accommodating aging residents. Emmitsburg, however, has a potential advantage. Many rentals are more affordable than those in the rest of the county, especially in the older parts of town. Though it would be difficult to make some of the older rental units accessible, some homeowners and renters have installed ramps as they develop the need for them. The result is an increasing availability of more accessible housing.

Transportation: The far northern parts of the county are known to be among the more difficult to reach by those providing services to older residents, though a good number live in two nursing centers. The surrounding areas are fairly remote and not easily accessible for such programs as Meals on Wheels, whose deliveries are made by volunteers.

The distances from larger municipalities can create the kinds of problems for Emmitsburg's older residents that are typical of several of Frederick County's towns and villages. The town is not close to a transportation hub. The major hospital, Frederick Memorial Hospital, cannot be reached quickly, and trips to many physician practices require a drive of an hour or more. There are hospital services and medical offices 10 miles away, in Gettysburg, PA, which can present an alternative for Emmitsburg residents.

City of Frederick

The second-largest city in Maryland, Frederick offers many of the advantages of urban living. Known for its 40-block historic district, with its many arts, cultural, retail, restaurant and other attractions, the City is a cosmopolitan center for the county and is also the county seat.

In contrast to much of the county, the City of Frederick is notably diverse. Its Hispanic/Latino population increased by 271% since the year 2000, surging from a population of 2,533 to 9,402 in 2010. The Black population also rose significantly in numbers, from 7,777 in 2000 to 12,144 in 2010, representing a 56% increase. (2010 Census)

Public transportation is more widely available than it is in many of the county's smaller towns, and a variety of services are more readily accessible. The City offers public transportation options that make moving around the city and commuting to Washington and Baltimore possible without relying on a car. The City of Frederick also offers a wide range of housing options, as well as many assisted living and other facilities that can support aging residents.

Total population: 65,239 (2010 Census)

Percentage 65 and over: 10.82% - (2010 Census)

Median Household Income: \$66,161 (American Community Survey (ACS), 2007 – 2011)

Estimated percentage 65 and over living in poverty: 6.7% (ACS)

Median home value (owner-occupied): \$280,940 (ACS)

Residences for Seniors: Much of the housing (some with services or special care units) designed to assist seniors in Frederick County is in the City, including Edenton Retirement Community; Heartfields Assisted Living and Alzheimer's Facility at Frederick; Montevue Home; Somerford Assisted Living and Alzheimer's Care; Sunrise Senior Living of Frederick; Sunset Ridge Assisted Living; Tranquility at Fredericktowne; Warm Heart Family Assisted Living, Inc.; Catoctin View and Catoctin Manor Apartments (for those with limited incomes); Creekside at Tasker's Chance (for those 62 and older who are frail or disabled); Country Meadows Retirement Community; Homewood at Crumland Farms.

Other amenities for seniors: A senior center and the C. Burr Artz Library.

Housing: For those with sufficient incomes, the housing options in the City are varied. The 2010 Comprehensive Plan, however, stresses the insufficiency of affordable housing in the city. Many homes have not been designed to accommodate those who are aging, and modifications to support aging in place are necessary. For those with lower incomes, Catoctin View and the new Catoctin Manor Apartments provide 123 subsidized units for those who are older and/or disabled. People waiting for an apartment currently number 37. The waiting list for Community Choice Vouchers (Section 8), which subsidize low-income renters, is now 67 applicants. Frederick County residents who do not live in the City are eligible for subsidized housing in the City.

Transportation: For older residents, the availability of alternatives to driving can be a major benefit, and a broader range of mobility options is more likely to exist in urban environments. This is true in the City of Frederick. Residents have greater access to TransIT, TransIT Plus and ADA TransIT than the rest of the county, though the MARC trains stop in Frederick only during commuting hours. The Comprehensive Plan notes the need for more bus shelters (a County responsibility) and the City continues to work on making sidewalks safer and completely connected throughout the City. The Comprehensive Plan also makes the point that biking and walking "currently do not have a level of supporting infrastructure in place for these modes of travel to be regarded as realistic transportation options for most residents." The City has made progress, however, and has been awarded the Bronze Level for bicycle-friendliness by the League of American Bicyclists. Furthermore, the Comprehensive Plan notes the importance of requiring observance of the principles of Complete Streets, an increasingly important planning methodology that requires all transportation modes to be considered when streets are being created or retrofitted, to include pedestrian, bicycle, autos, and mass transit.

Middletown

Surrounded by spectacular mountain ranges, Middletown is a small town with a long and proud history. George Washington described the Middletown Valley as one of the most beautiful sites he had ever seen, and the Revolutionary and Civil Wars moved through the area. Its name reportedly originated from its position between the Catoctin and South Mountains. The town

continues to reflect its rural past and protect its rural areas, and is known for its Victorian homes and church spires. Though a largely affluent town, Middletown also has a food bank.

Total population: 4,136 (2010 Census)

Percentage 65 and over: 10.59% (2010 Census)

Median Household Income: \$110,341 (American Community Survey (ACS) 2007 – 2011)

Estimated percentage 65 and over living in poverty: Very low (ACS)

Median home value (owner-occupied): \$388,300 (ACS)

Residences for Seniors: The Village of Foxfield, an upscale active adult community, is currently sold out. The developer would like Middletown to annex additional property to enable creation of 100 new units. The town is concerned about increased use of water and traffic congestion, but is seriously considering the request. Traffic congestion is already a significant problem.

Additional Amenities for Seniors: Middletown Library, senior exercise/social organization

Housing: Perhaps due to its affluence, there has not been a push for affordable housing. Compact design will be used for 82 units in a new development. The setbacks will be 15 feet rather than 35 feet, which will create a strong sense of community.

Transportation: Middletown does suffer from some traffic congestion, though it has sought financial support from the state for a bypass of Main Street. There is no access to TransIT from Middletown, though the Maryland Transit Authority operates a bus for commuters. Myersville, 4.7 miles away, has a park and ride that goes to the MARC station, but this may not be helpful to older residents who do not drive. The town is fixing trouble spots in sidewalks. Additional street connections to facilitate walking and ADA compliance are being made, and the town recognizes the need to increase pathways for cyclists.

Mt. Airy

An old railroad town, Mt. Airy's county government is split between Carroll and Frederick Counties. When Carroll County defined its permanent boundaries in 1837, Mount Airy was divided between two counties, Carroll and Frederick; the town has remained in two counties since that time. About one mile south of the town is the junction of Carroll, Frederick, Howard and Montgomery Counties located at the headwaters of the South Branch of the Patapsco River. The increase in population in recent decades has contributed to a rise in the general business activity of the town for service and retail such as grocery store chains, restaurants, convenience stores, daycare facilities and medical services.

Total population: 9,305 (2010 Census)

Percentage 65 and over: 8.34% (2010 Census)

Median household income: \$100,583 (American Community Survey (ACS) 2007 – 2011)

Estimated percentage 65 and over living in poverty: 7.6% (ACS)

Median home value (owner-occupied): \$379,800 (ACS)

Residences for Seniors: Lorien Mt. Airy Assisted Living; Lorien Mt. Airy Nursing and Rehabilitation Center.

Other amenities for seniors: Mt. Airy Public Library /Mount Airy Senior Center

Housing: The housing stock tends to be newer than in other parts of Frederick County, though modifications can be essential for aging in place in any home. The majority of future growth is slated to take place in the commercially zoned corridors that frame and define the downtown and core areas of Mount Airy, thus encouraging downtown development and revitalization. This plan also reduces future annexation areas for development due to severe limitations on water supply and wastewater capacity.

Transportation: In the town's draft Master Plan, the importance of being able to walk and to bike in lieu of constant use of automobiles is emphasized. The town plan calls for increased opportunities for improved connections between neighborhoods and to parks and the downtown. Some sidewalks need to be improved and ADA improvements are needed in the downtown area. Continued work on rails to trails to connect the eastern and western parts of the county is included in the current Master Plan Draft. Although there are no specific policies in place to provide public transportation opportunities in the Town of Mount Airy, many residents carpool to major employment centers or choose to telecommute a few days a week.

Myersville

In many respects a sister community, Myersville shares a middle school and high school with Middletown. The centers of the towns are only 5.9 miles apart. Both towns are relatively affluent, though 3.8% of Myersville's 65 and over population is in poverty. Catocin Creek flows right outside of the town, whose characteristics are largely suburban.

Total population: 1,626 (2010 Census)

Percentage 65 and over: 6.95% (2010 Census)

Median Household Income: \$101,118 American Community Survey (ACS) 2007 to 2011

Estimated percentage 65 and over living in poverty: 3.8% (ACS)

Median home value (owner-occupied): \$362,900 (ACS)

Residences for Seniors: Myersville does not have any housing specifically designed for older adults.

Other amenities for seniors: No additional amenities.

Housing: Myersville is a relatively youthful town, as over 50% of its population is in households with children under 18 years of age. As indicated above, however, 3.9% of its population 65 and above lives in poverty. Some homes in Myersville are historic and can be difficult for older adults to maintain. Affordable housing for older adults is not available in the town of Myersville.

Transportation: Though TransIT Plus serves the town, trips to grocery stores and other essential retailers may require a wait. Transportation by bus is provided by the Maryland Transit Authority during morning and evening commuting hours. The bus stops at the MARC station in Frederick in addition to other locations. Myersville would like to have access to the county's TransIT service. At this time, the transportation options for seniors are limited for those who do not drive.

New Market

New Market is small enough that a charming old house is its town hall. New Market has long been known far and wide for its historic district and antique stores, though its 2012 draft Comprehensive Plan states that the recession that began in 2008 has "taken its toll on New Market business." A very popular restaurant closed, and many antique stores are now open for very limited hours, with antiques now often sold in shows or online. The town must annex commercial properties to increase its tax base. To that end, it annexed the land occupied by Adventure Park USA, an amusement park, which is a great attraction for grandchildren.

Total population: 656 (2010 Census)

Percentage 65 and over: 7.47% (2010 Census)

Median household income: \$74,375 (American Community Survey (ACS), 2007 - 2011)

Median home value (owner occupied): \$337,000 (ACS)

Estimated percentage 65 and over living in poverty prior to 2012: Low, estimate not available

Residences for seniors: No residences for seniors are in the town.

Other amenities for seniors: Though amenities for seniors are not available, the town is 8.3 miles from the City of Frederick.

Housing: Many of the homes in New Market are historic properties and can pose difficulties for older residents. While the history of the town and its architecture attracts federal retirees, older residents may find local resources insufficient for meeting some of their needs. Neighbors are often helpful, however, and the town removes snow from sidewalks and entrances to homes when necessary. Three more recently built housing developments are within the town boundaries, and plans for annexation include the creation of 900 additional homes, some of which might accommodate the requirements of older residents.

Transportation: Bus service is not available in New Market, though the town expects that regional planning will support improved access to public transportation. Transit Plus, however, is available. The draft Comprehensive Plan describes the need for improved sidewalks and safe access for bicycles. The State Highway Administration will be upgrading the Main Street through New Market and enhancing the streetscape. The town is served by a nearby bank, gas station, drug store and grocery store, but residents depend on the automobile to reach them.

Rosemont

A tranquil village, Rosemont is nestled between mountains and rolling farmland. The village was incorporated in 1953 to prevent the building of a mill, which would have diminished the appeal of Rosemont's rural setting. Once incorporated, the town approved creation of its zoning commission and ordinance. The tax rate of 10 cents per each hundred dollars of assessed value was approved in 1953—but was recently lowered to 4 cents per each hundred dollars of assessed value.

Total population: 294 (2010 Census)

Percentage 65 and over: 19.73% (2010 Census)

Median household income: \$103,438 (American Community Survey (ACS) 2007 - 2011)

Median home value (owner occupied): \$324,000 (ACS)

Estimated percentage 65 and over living in poverty prior to 2012: 8% (ACS)

Residence for seniors: No residences for seniors are in the town.

Other amenities for seniors: Though its population is too small to warrant the creation of many amenities, Rosemont is close enough to Brunswick to enable older residents to take advantage of its library and senior center. Police and fire protection and Meals on Wheels are also readily available to residents because of Rosemont's proximity to Brunswick.

Housing: Most homes in Rosemont are older; 57 were built in 1939 or before. Older homes (as well as newer) often need significant modification to enable residents to age in place. With Rosemont's larger than average population of older adults, obstacles may have to be overcome to support the ability of seniors in Rosemont to remain in their home and community.

Transportation: The MARC station in Brunswick is close to Rosemont, though parking at the station is not sufficient, and bus service to MARC is not available. Brunswick has sought funding from the state to expand parking at the MARC station, but to no avail to date. Bus service from Rosemont to Brunswick is available only in the morning and later afternoon. The village has no sidewalks or bike trails. Of the three streets in Rosemont, two are state roads, and one is a county road. The town does have a park with a small children's playground and a fishing pond.

Thurmont

Thurmont, which describes itself as the “Gateway to the Mountains”, is located close to great attractions for tourists and residents alike: Catoctin Mountain Park and Cunningham State Park. The town has also built a trail on the site of the long-abandoned Hagerstown and Frederick Railroad Trolley, which is now a vital pedestrian link between the Thurmont Regional Library and downtown. Camp David, the U.S. presidential retreat, is also near Thurmont. Thurmont has been designated as a Main Street Community, selected by the state of Maryland for revitalization and economic development of the downtown.

Total population: 6,170 (2010 Census)

Percentage 65 and over: 13.14% American Community Survey (ACS), 2007 – 2011

Median Household Income: \$70,536 (ACS)

Median Home Value (owner-occupied): \$258,400 (ACS)

Estimated percentage 65 and over living in poverty: 1.8% (ACS)

Residences for Seniors: Jermae Estates for those 55 and older

Other amenities for seniors: Thurmont Regional Library, Senior Center operated by a non-profit board, with some assistance from the Town

Housing: A survey of nearly 700 residents in 2006 indicated that three quarters of residents expressed the need for affordable assisted living or long-term care facilities. In the same survey, 70% of participants responded that the town should support housing for seniors in independent living facilities.

Transportation: The 2010 draft Master Plan supports increased sidewalk widths (five feet, which makes them accessible to those with disabilities) on both sides of streets in new developments, more compact design, and the creation of additional street connections to facilitate walking, biking and vehicular traffic. The plan notes that biking is safe on town streets. Though TRANSIT provides shuttle service to three different locations in Thurmont, it is limited to morning and later afternoon hours.

Planning: Thurmont’s 2010 draft Master Plan noted that high-quality, mixed-use development is responsive to growth management requirements and environmental regulations in the outlying areas dependent on private wells or septic systems.

Walkersville

The northeastern border of Frederick City is less than a mile southwest of the southern boundary of Walkersville. Though proximity to Frederick City is an advantage in many respects, the town’s plans reflect a desire to preserve its distinct character and its rural areas. Its Comprehensive Plan states that, “Farming is an integral part of the town’s character.”

Walkersville's Old Town has a small town atmosphere, with small-scale retail, office, and public buildings as well as residences.

Total population: 5,800 (2010 Census)

Percentage 65 and over: 9.8% (2010 Census)

Median household income: \$79,604 American Community Survey (ACS), 2007 - 2011

Median home value (owner-occupied): \$303,300 (ACS)

Estimated percentage 65 and over living in poverty prior to 2012: 6%

Residence for seniors: Victoria Park at Walkersville, affordable one and two-bedroom apartments; Glade Valley Center, a nursing and rehabilitation facility.

Other amenities for seniors: The Town doesn't have a senior center per se, but twice a week on Tuesdays and Thursdays during the fall, winter and spring, and once a week in the summer, seniors meet for lunch and activities in the upstairs room of Town Hall. The Town subsidizes the cost of the lunch. The Town is also home to the Walkersville Library.

Housing: At this time plans do not exist for increasing affordable or accessible housing.

Transportation: Transit buses and shuttles to Frederick and the MARC station are available throughout the day Monday through Friday and also on Saturdays. Much of the town is walkable, and cycling is safe on most of its streets and sidewalks. The Town is bisected by a high speed state highway which poses challenges for drivers (entrances without signals), pedestrians (lack of sidewalks in some sections and intersections without signals for crossing) and cyclists (entrances without signals). There are, however, some sections of Route 194 with sidewalks, wide shoulders and three intersections with signals.

Woodsboro

Primarily in an agricultural area, Woodsboro is a small town whose residents hope it will stay that way. Though they hope to enjoy a small Woodsboro, residents nevertheless welcome newcomers. Dairy and crop farms continue to be an important contributor to the local economy. A 102-acre park attracts all ages. Fishing, sledding and playgrounds are featured there, but its beauty appeals to all ages.

Total population: 1,141 (2010 Census)

Percentage 65 and over: 12.1 (American Community Survey (ACS), 2007 – 2011)

Median Household Income: \$65,625 (ACS)

Estimated percentage 65 and over living in poverty: 30.6% (ACS) This percentage is high because of the numbers of lower income seniors living in Bell Court Apartments.

Median Home Value: \$311,400 (ACS)

Residences for Seniors: Bell Court, low-income housing for seniors

Other amenities for seniors: Though the Walkersville Library is only ten minutes away, it is not readily accessible for residents who do not drive.

Housing: Some homes were built in 1939 or before, and would very likely need significant home modifications in order to accommodate older residents.

Transportation: Though shuttle service is available to Walkersville, TransIT does not operate in Woodsboro. It is possible, however, for most residents to walk to a grocery store, post office, elementary school, churches and the park. Woodsboro's Comprehensive Plan notes that Woodsboro has real possibilities to enable residents to walk and bike as alternatives to the auto.

Appendix B. Housing Supports

Housing Rehabilitation Programs

Frederick County Emergency Housing Rehabilitation Program: This program provides funding to Frederick County homeowners for emergency home repairs. Eligible uses are for emergency items in immediate need of repair. Uses include replacement, installation or repair of heating systems; upgrade of electrical systems to code; plumbing repair, upgrade or replacement to code; installation or repair of septic system and/or wells, roof repair or replacement; and modifications to improve the accessibility of dwelling units as a reasonable accommodation for persons with disabilities, handicaps or with documented medical reasons. Homeowners whose income is 50% of the median family income of the Washington-Baltimore Metropolitan Statistical Area are eligible for the loan, but it is available on a first-come, first-served basis. <http://www.frederickcountymd.gov/documents/29/36/Emergency%20Rehab%20FACT%20SHEET.PDF>

The Maryland Housing Rehabilitation Program provides loans to upgrade the standards and safety of single-family homes and multi-family buildings with no more than four units. All loans over \$5,000 require a lien; some loans are deferred for 20 years at 0% interest. <http://frederickcountymd.gov/documents/29/36/Rehab%20Fact%20She%202.PDF>

The Indoor Plumbing Program provides loans for single-family homeowners and to owners of buildings containing up to 100 units. The loans can be deferred depending on income. <http://frederickcountymd.gov/documents/29/36/Rehab%20Fact%20She%202.PDF>

The Lead Hazard Reduction Grant and Loan Program provides low-cost loans to remove lead paint, which can be very harmful to children. The interest rates depend on income. Grants are available in targeted areas. <http://frederickcountymd.gov/documents/29/36/Rehab%20Fact%20She%202.PDF> <http://frederickcountymd.gov/documents/29/36/Rehab%20Fact%20She%202.PDF>

Special Targeted Applicant Rehabilitation provides loans to "preserve and improve" single-family homes, so that the home meets at least minimum standards. A lien against the home is required. Payments can be deferred. <http://frederickcountymd.gov/documents/29/36/Rehab%20Fact%20She%202.PDF>

Maryland Tax Credits for Homeowners and Renters

The Maryland Homeowners' Property Tax Credit is available to homeowners of all ages. The program sets a limit on the property taxes any homeowner must pay according to household income. The maximum assessment eligible for credit is \$300,000. <http://www.dat.state.md.us/sdatweb/htc.html>

The Maryland Renters' Tax Credit allows up to \$750 in credits for renters who are 60 and over and persons who are 100% disabled if they meet eligibility requirements. The program is based on the relationship between income and rent. <http://www.dat.state.md.us/sdatweb/rtc.html>

The Maryland Homestead Tax Credit helps homeowners deal with large assessment increases on their principal residence. It limits the increase in taxable assessments each year to a fixed percentage. <http://www.dat.state.md.us/sdatweb/homestead.html>

Rental Assistance Programs

Rental Allowance Program (RAP) provides short term rental assistance for at-risk, homeless adults and households for a six month period while the household works towards self-sufficiency. The Religious Coalition performs initial intake and refers the client to DHCD. RAP serves households at or below 30% of the AMI.

<http://frederickcountymd.gov/index.aspx?NID=468>

Housing Choice Voucher Program (Section 8), funded by the federal government through local housing authorities, provides subsidies to low-income renters to enable them to limit their costs to approximately 30% of their income for housing and utilities. Recipients of vouchers may choose their housing in the private market, though restrictions apply. The voucher program in Frederick County is administered by the Department of Housing and Community Development, though its waiting list is closed due to very limited federal funding. The Housing Authority of the City of Frederick administers the City's voucher program; its waiting list is currently 37 applicants.

Additional Frederick County-Operated Affordable Housing Incentive Programs (from Department Overview, Department of Housing and Community Development)

The Development Impact Fee Exemption for Affordable Housing Program exempts developers from payment for public school and library impact fees. Residential development is financed, in whole or part, by public funding that requires mortgage restrictions or recorded covenants restricting the rental or sale of the housing units to lower income residents in accordance with specific government program requirements. Units remain affordable for a minimum of 25 years. The residential development will serve households with initial incomes in accordance with specific government regulatory requirements, but no greater than 60 percent of the Washington area median income (AMI) limit set by the U.S. Department of Housing and Urban Development. The amount of fees is secured by a Deed of Trust (DoT) and Note in the form of a 0% deferred loan forgiven after 25 years, if all provisions of the public financing regulatory requirements and DoT are met.

The Payment in Lieu of Tax Program (PILOT) provides for the payment of a negotiated amount in lieu of payment of Frederick County real property tax on an approved housing development,

either new construction or rehabilitation, that provides rental housing for low or moderate income citizens. The Board of County Commissioners and developer specify terms through Resolution and a recorded PILOT Agreement. For projects located within municipal limits of The City of Frederick (“City”), the Board will not authorize a PILOT Agreement unless there are assurances that the City will enter into a similar agreement, with essentially identical terms. For projects located within other Frederick County municipalities, the Board will not authorize a PILOT agreement unless there is approval of the project by the municipality within which the project is located. Victoria Park in Walkersville, a senior tax credit property, was the most recent to use the PILOT.

The purpose of the Housing Initiative Fund-Deferred Loan Program for Organizations (DLP) is to provide flexible loans to help create and preserve affordable housing for Frederick County through leveraging of other funding sources, such as local, state, federal, public and private sources. Based on funding availability, the DLP provides funding for capital costs of rental and ownership housing. Repayments to the DLP return to a revolving fund to be used for future DLP loans. Eligible uses of the DLP funds include acquisition, construction, rehabilitation or preservation of affordable housing within Frederick County or municipalities within Frederick County. Examples include usual and reasonable predevelopment expenses, purchase of existing property, purchase of unimproved land, fees for architects and other professionals, demolition to make way for affordable housing, building materials and labor costs, equipment or fixtures that become a part of real estate, and purchase of federally assisted housing to guarantee continuation of federal assistance. Eligible applicants include not-for-profit organizations, public housing authorities, government agencies, and profit-motivated entities actively involved in the development of affordable housing. Projects must serve households with a total gross income at or below 70% of the Washington MSA median family income limit published annually by the U.S. Department of Housing and Urban Development. Projects must leverage a minimum of five to one from other sources (local, state, federal or private) and provide evidence of commitment for long term use as affordable housing – 25 years for rental units.

Home Buyer Programs include the Home Initiatives Program, which provides assistance to first time homebuyers for down payments and closing costs, zero percent deferred loans, forgivable after 5 years. The Neighborhood Conservation Initiative Program provides assistance to homebuyers for down payments and closing costs to purchase homes in targeted zip codes; zero percent deferred loans up to \$20,000; applicant income limit is 120% of the Area Median Income.

Other Services and Programs

The Department of Housing and Community Development (DHCD) administers the Frederick County Minimum Livability Code for Renters pursuant to Section 6-103 of Article 41B of the Maryland Code. The Livability Code is designed to protect the public health, safety and welfare

in residential structures (limited to rental properties) by establishing minimum property maintenance standards.

The Service Linked Housing Program provides pass-through funding to local service providers, Frederick Community Action Agency and Advocates for Homeless Families, Inc., for resident advocate counselors to link at-risk low income households and individuals with support and recovery services to help prevent homelessness.

The Emergency Solutions Grant provides pass-through funding to local service providers, Heartly House, Inc., and Advocates for Homeless Families, Inc., to operate emergency shelters.

The Department of Housing and Community Development serves as a Resource and Referral Center to Frederick County residents, maintaining and providing the public with up to date information on assisted and market rate rental housing, shelters, transitional housing and other housing related resources.

http://www.frederickcountymd.gov/documents/29/36/Department%20Overview%20Updated%209-3-13_201309090946024225.pdf

Appendix C. Affordable Housing Land Trust

MEMORANDUM OF UNDERSTANDING

Between

BOARD OF COUNTY COMMISSIONERS OF FREDERICK COUNTY

And

FREDERICK COUNTY AFFORDABLE HOUSING LAND TRUST LLC

(Effective as of August 29, 2013)

This Memorandum of Understanding (MOU) is made and effective as of the 29th day of August, 2013, by and between the Board of County Commissioners of Frederick County, Maryland (the County) and the Frederick County Affordable Housing Land Trust LLC (the Land Trust), a Maryland limited liability company that is wholly-owned and controlled by a nonprofit tax exempt corporation.

WHEREAS: The purpose of the MOU is to specify terms of the Frederick County Foreclosure Clean Up Act (FCUA); a public private collaboration designed to assist in the improvement and revitalization of Frederick County neighborhoods and contribute to a permanent and expanding stock of affordable housing for Frederick County workforce families.

WHEREAS: Initial funding for the Land Trust will be provided by the Maryland Neighborhood Conservation Initiative (NCI) grant with a contribution from the County's Moderately Priced Dwelling Unit (MPDU) Payment in Lieu (PIL) option, which allows private developers to make a payment to the Frederick County Housing Initiative Fund (HIF) for each MPDU that would otherwise be built.

WHEREAS: Following spend out of the NCI grant and PIL contribution, the County may continue to support the FCUA through the renewal of this Memorandum of Understanding (MOU), as determined through the annual County budget process.

WHEREAS: Eligible homebuyers will be selected by the Land Trust to purchase the improvements while the land underlying such improvements will continue to be owned by the Land Trust. The Land Trust will lease the land back to selected homebuyers and ensure that such properties remain permanently affordable to future homebuyers through resale restrictions as set forth in the Deed and an Affordable

Housing Land Trust Agreement (AHLTA) between the homeowner and Land Trust that will be recorded against the properties in the land records of Frederick County.

WHEREAS: The County authorizes the Frederick County Department of Housing and Community Development (Department) to administer the FCUA, utilizing this MOU and other documents to specify the terms and conditions of the program and the payment of funds from the County to the Land Trust, which funds will be used for the purchase and renovation of properties that will be owned by the Land Trust and made available to eligible homebuyers as specified in the proceeding paragraph. The Director of the Department will execute this MOU and other appropriate documents for each transaction, following review and approval by the County Attorney's Office.

WHEREAS: The development of the housing to be brought into the Land Trust portfolio will be performed directly by the Land Trust or may be performed through a County approved RFP process and contractual arrangements with for profit and nonprofit affordable housing developers and municipalities. The Land Trust may also acquire specific parcels of land and make them available for development. The Land Trust, or its agent, will locate properties, negotiate purchases, rehabilitate properties, and sell the improvements to eligible homebuyers. Maximum loan amounts (purchase price, closing costs, appraisal fee, and projected rehabilitation costs) will be established by the Land Trust Board of Governors as established in minutes, and will be reviewed periodically and modified by the majority vote of the Land Trust Board of Governors.

WHEREAS: Funding will be provided in the form of a zero percent deferred loan from the County to the Land Trust, which will be secured by a Deed of Trust and evidenced by various restrictive covenants and a Promissory Note, and will require that part of such funds be paid back at the time of sale to the homebuyer, but no later than twelve months from the initial Land Trust purchase settlement date, or any reasonable extension of time approved by the Department.

NOW, THEREFORE, THE PARTIES HERETO DO MUTUALLY AGREE AS FOLLOWS:

I. DISBURSEMENT OF FUNDS FROM COUNTY TO LAND TRUST

A. Disbursement of funds under this MOU shall be in the amounts and at the times set forth in this MOU and shall be made only for costs which have been determined by the County to have been properly incurred by the Land Trust.

B. Requests for disbursements shall be made in the following manner:

- (i) The Land Trust will notify the County at least 10 business days prior to settlement on the initial acquisition of a property (the "LT Property") to facilitate preparation of loan documents and receipt of the proceeds check. The Land Trust will provide the County with the minutes of the approval of the Land Trust's purchase of the LT Property by the Board of Governors of the Land Trust; the contract of sale; the appraisal; the proposed rehabilitation budget and the Preliminary HUD-1 for the LT Property purchase. Payment will be issued by the County to the settlement/title company for the LT Property purchase price, estimated approved rehabilitation costs, and closing costs.
- (ii) Prior to the release of the payment to the settlement/title company, the County shall prepare a deferred principal payment, non-interest bearing Deed of Trust and a Promissory Note for execution by the Land Trust for the benefit of the County to be secured by the LT Property and recorded among the Land Records of Frederick County, Maryland. The lien amount secured by the Deed of Trust will consist of the purchase price and estimated rehabilitation costs only, excluding the closing costs.
- (iii) At the initial purchase of the LT Property by the Land Trust, the funds received by the settlement/title company will be released to pay the purchase price for the LT Property and the closing costs and the estimated approved rehabilitation costs will be released to the Land Trust to be used for the rehabilitation of the LT Property.
- (iv) Upon the subsequent sale of the LT Property to a homebuyer and at or prior to settlement between the Land Trust and the homebuyer, and after the County has been provided with copies of the invoices or other acceptable evidence for actual rehabilitation and labor costs incurred for the LT Property, the loan amount shall be repaid to the County, less the following items listed immediately below, and the County will release the Deed of Trust and mark the Promissory Note "Paid in Full:"

Development Fee to the Land Trust (percentage of completed appraised value including land)

3% of completed value - \$150,001 - \$200,000

4% of completed value - \$100,000 - \$150,000

5% of completed value - <\$100,000

Land Value (percentage of completed appraised value including land)

35% - \$150,001 - \$200,000

37% - \$100,000 - \$150,000

40% - <\$100,000

Closing Costs for Land Trust (reasonable costs)

Up to \$8,000 for Land Trust purchase

Up to \$8,000 for Land Trust sale to homebuyer

Loan Guarantee Reserve Fund – 10% of completed appraised value including land, with such funds being used as a reserve against potential loan defaults by the homebuyer to the mortgagee.

The above amounts are subject to change based on the majority vote of the Board of Governors of the Land Trust and the Board of County Commissioners of Frederick County to ensure continued affordability to Frederick County homebuyers.

C. An Affordable Housing Land Trust Agreement (Agreement) will be recorded in the land records for each LT Property. The Agreement shall restrict the sale of the improvements to the LT Property (the LT Improvements) to eligible homebuyers, provide the Land Trust with the first preemptive purchase option during the first 60 days after the current homebuyer notifies the Land Trust in writing of its intent to sell the LT Improvements, and provide the County with the second preemptive purchase option during the second such 60 day period, for the future sale or transfer of the LT Improvements. The Agreement will be a legal document between the Land Trust and the homeowner that is required by the Maryland Affordable Housing Land Trust Act to be recorded in the pertinent land records. The Agreement will specify requirements and responsibilities of both the homeowner and the Land Trust, including the AHLT Fee (as defined in the Agreement) and property management and maintenance. The Agreement shall contain language restricting the transfer, lease, sublease, assignment or occupancy of the LT Improvements and the price at which the LT Improvements may be transferred to ensure that the LT Property and the improvements thereon remains affordable to future eligible purchasers.

II. **ELIGIBLE HOMEBUYER SELECTION AND FUTURE TRANSFER AND SALE**

A. Eligible Land Trust homebuyers must meet the following criteria:

1. Individual households who live or work in Frederick County, Maryland,

2. Households with incomes no greater than 80% of the Area Median Income (AMI) as annually published by bedroom size by the U.S. Department of Housing and Urban Development. The following household income mix will be targeted by the Land Trust to be served:

<u>% of Units</u>	<u>Household Income Target</u>
25%	50% and less of AMI
25%	51% - 60% of AMI
50%	61% - 80% of AMI,

3. Homebuyers who occupy the property as their principal residence,
 4. Homebuyers who complete 8 hours of homebuyer education training by a HUD approved housing counseling agency and Land Trust education as provided by the Land Trust,
 5. Homebuyers who secure their own financing,
 6. Homebuyers who contribute one percent of the purchase price for the down payment, to be retained in the master Land Trust Replacement Reserve Account, and
 7. Homebuyers who meet other eligibility criteria established by the Land Trust.
- B.** Homebuyers will be selected by the Land Trust to purchase homes in various locations throughout the County, as homes become available, using a lottery system. Wait list pools of pre-approved homebuyers, categorized by bedroom size and location will be maintained by the Land Trust. Homebuyers must be prequalified by lenders. Interested homebuyers may learn more by contacting the Frederick County Affordable Housing Land Trust LLC, 2 East Church Street, Frederick, Maryland 21701.
- C.** Homeowners will notify the Land Trust, in writing, of their intent to sell the LT Improvements. An appraisal will value the LT Improvements and the LT Property as separate amounts. The Land Trust and the County will have the preemptive option (the "Purchase Option") to purchase the LT Improvements as specified in Section I(4) above and in the Agreement. If the Purchase Option is not exercised and subject to the Agreement, the LT Improvements will be sold to another qualifying family from the Land Trust wait list. Homeowners will retain 40% of the increased equity value of the improvements and the Land Trust will retain the remaining 60%. Program parameters, resale formulas and AMI requirements for homeowners will be evaluated periodically by the Land Trust Board of Governors to ensure the LT Improvements (the homes) remain affordable for generations of Frederick County households.

III. TERMS OF AGREEMENT

The term of this MOU shall begin on August 29, 2013 and shall end on June 30, 2015, with 50% of the NCI funds to be expended by June 30, 2014, and with required periodic State evaluations to ensure spend-out progress according to the timeline. Following spend out of the NCI grant

and PIL contribution, the County may continue to fund the FCUA through renewal of the MOU as determined through the County annual budget process and approved by the County. If the Land Trust has not commenced operations by December 31, 2013, the Board of County Commissioners of Frederick County, Maryland has the right to terminate this MOU.

IV. NOTICES

Communications concerning this MOU shall be directed to the following persons.

Frederick County Government

Jennifer S. Short, Director
Housing and Community Development
5340 Spectrum Drive, Suite A
Frederick, Maryland 21703
(301) 600-3530

Frederick County Affordable Housing Land Trust LLC

Ron Cramer, Executive Director
Habitat for Humanity of Frederick County, Maryland, Inc.
2 East Church Street
Frederick, Maryland 21701
(301) 698-2449

V. GENERAL CONDITIONS

A. Independent Entity

Nothing contained in this MOU is intended, or shall be construed in any manner, to create or establish the relationship of employer/employee or an agency relationship between the parties.

B. Hold Harmless

The Land Trust shall hold harmless, defend and indemnify the County from any and all claims, actions, suits, charges and judgments whatsoever caused by or resulting from the Land Trust's performance or nonperformance of services called for in this MOU, unless such failure to perform or nonperformance is the result of the County's gross negligence or willful misconduct.

C. County Recognition

The Land Trust shall assure recognition of the role of the County in providing funding through this MOU. All activities, facilities and items utilized pursuant to this MOU shall be prominently labeled as to funding source. All publicity about this funded activity, including, but not limited to, construction signs on site and press releases shall include recognition of this funding and its source.

D. Amendments

The County and the Land Trust may amend this MOU at any time provided that such amendments make specific reference to this MOU and are executed in writing, signed by a duly authorized representative of each party, and approved by the governing bodies of both parties.

E. Suspension or Termination

If the Land Trust materially fails to comply with any term of this MOU, the County may take one or more steps to suspend or terminate the MOU and seek appropriate redress after providing Land Trust with notice of such failure and providing a reasonable period to cure such failure, which period shall not be less than thirty (30) days following such notice.

VI. ADMINISTRATIVE REQUIREMENTS

A. Financial Management - Accounting Standards

The Land Trust agrees to comply with generally accepted accounting practices in managing HIF funds and all other funds expended for activities in connection with this MOU.

B. Documentation and Record Keeping

1. The Land Trust shall maintain materially accurate records on all aspects of this work activity, including, but not limited to, financial records pertaining to the construction, rehabilitation and or operation of any funded project.
2. The Land Trust shall provide digital photos to the County upon completion of each property.
3. The Land Trust shall name the Board of County Commissioners of Frederick County, Maryland as having an interest in the LT Property by naming them as an additional insured on the Insurance Binder at the closing of the initial purchase of the LT Property by the Land Trust when the Deed of Trust is secured against the LT Property until such time as the Deed of Trust is released from the LT Property.

VII. CONFLICT OF INTEREST

A. No officer, employee, or agency of the County who exercises any functions or responsibilities in connection with the planning and carrying out of the program under which these activities are funded shall have any personal financial interest, direct or indirect, in this MOU and the County shall take appropriate steps to ensure compliance.

B. The Land Trust will comply with its conflict of interest policy, which is set forth in Article 6 of the Land Trust's Operating Agreement, and will apply such policy to its employees as well as any governor, member of officer of the Land Trust. In accordance with this policy, the Land Trust will not engage in any transaction with any employee, governor, member or officer of the Land Trust unless the transaction is on an arm's-length basis, is consistent with commercially reasonable terms, the conflict is fully disclosed to the Land

Trust's Board of Governors, the conflicted party recuses himself or herself from any discussion or decision-making of the Board of Governors concerning the transaction, and a majority of the Board of Governors approves the transaction.

VIII. DISCRIMINATION PROHIBITED

In all hiring or employment in connection with this MOU and in the provision of housing opportunities made possible by this MOU, there will not be any discrimination against any person because of race, color, sex, sexual orientation, national origin, marital status, or handicap status, and (b) affirmative steps will be taken to ensure that both employees are employed and treated during employment and applicants are housed and treated during periods of being housed, without regard to their race, color, sex, sexual orientation, national origin, marital status, or handicap status.

IX. COMPLIANCE WITH LAWS

The Land Trust shall comply with all applicable laws, ordinances and codes of the Federal, State, County, and City governments as applicable. Laws of Maryland apply to any claim or dispute arising out of this MOU. Any lawsuits are to be brought in the Courts of Frederick County.

X. ASSIGNABILITY

The Land Trust shall not assign any interest in this MOU and shall not transfer any interest in the same (whether by assignment or novation), without the prior written consent of the County thereto, which consent may be withheld for any or no reason.

ATTEST:

Frederick County Department of Housing
And Community Development

_____ By : _____ (Seal)

Jennifer S. Short, Director

STATE OF MARYLAND, COUNTY OF FREDERICK, TO-WIT:

I HEREBY CERTIFY that on this ____ day of _____, 20__, before me, the **Subscriber, a Notary Public in and for the State and County aforesaid, duly commissioned and qualified, personally appeared Jennifer S. Short, Director of Frederick County Department of Housing and Community Development, who acknowledged herself to be the agent for the Board of County Commissioners of Frederick County, Maryland a body corporate and politic, and that she, as such, being authorized so to do, executed the a foregoing instrument for the purposes therein contained, by signing the name of the body corporate and politic by herself as Director.**

AS WITNESS my hand and Notarial Seal.

Notary Public

My Commission Expires: _____

Frederick County Affordable Housing Land Trust LLC

ATTEST:

By: Habitat for Humanity of Frederick County, Maryland,
its sole member

By: _____

Name: Ron Cramer

Title: Executive Director

STATE OF MARYLAND, COUNTY OF FREDERICK, TO WIT:

I hereby certify that on this ____ day of _____, 20__, before me, the undersigned officer, personally appeared _____ who acknowledged _____ to be the _____ Frederick County Affordable Housing Land Trust LLC, a Maryland limited liability company, and that he/she as _____, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of herself or himself as _____.

AS WITNESS my hand and Notarial seal.

Notary Public

My Commission Expires: _____

Appendix D. Assisted Living and Nursing Care Facilities in the County

Assisted Living Facilities in Frederick County

Blossom Place at Edenton

5901 Genesis Lane
Frederick, MD 21703
Beds – 15

Buckingham’s Choice

3200 Baker Circle
Adamstown, MD 21710
Beds-45

Cozy Care

12803 Boxwood Court
Union Bridge, MD 21791
Beds – 4

Fiddler’s Green at Edenton

5911 Genesis Lane
Frederick, MD 21703
Beds – 15

Garden House at Edenton

5849 Genesis Lane
Frederick, MD 21703
Beds – 15

County Meadows

5955 Quinn Orchard Drive
Frederick, MD 21704
Beds – 160

Devotions

8531 Inspiration Avenue
Walkersville, MD 21793
Beds – 5

Heartfields

1820 Lantham Drive
Frederick, MD 21701
Beds – 52

Homewood at Crumland Farms

7407 Willow Road
Frederick, MD 21702
Beds - 70

Montevue

1910 Rosemont Ave
Frederick, MD 21702
Beds – 74

Orchard Terrace at Edenton

5905 Edenton Court
Frederick, MD 21703
Beds- 37

Record Street

115 Record Street
Frederick, MD 21701
Beds – 29

Somerford House

2100-A Whittier Drive
Frederick, MD 21702
Beds – 46

Sunrise

940 Waterford Drive
Frederick, MD 21702
Beds – 88

Somerford Place
2100-B Whittier Drive
Frederick, MD 21702
Beds – 52

Sunset Ridge
7021 Rock Creek Drive
Frederick, MD 21702
Beds – 5

Tranquility
6441 Jefferson Pike
Frederick, MD 21703
Beds – 90

Warm Heart II
752 Dogwood Court
Frederick, MD 21701
Beds – 5

Nursing Homes in Frederick County

Buckingham’s Choice
3200 Baker Circle
Adamstown, MD 21710
301.874.5630
Beds- 41

Citizens Care & Rehabilitation Center
1920 Rosemont Avenue
Frederick, MD 21702
301.600.5600
Beds- 170

College View Center
700 Toll House Avenue
Frederick, MD 21701
301.663.5181
Beds-110

Glade Valley Nursing & Rehabilitation Center
56 West Frederick Street
Walkersville, MD 21793
301.898.4300
Beds-124

Golden Living Center
30 North Place
Frederick, MD 21701
301.695.6618
Beds-120

Homewood at Crumland Farms
7407 Willow Road
Frederick, MD 21702
301.644.5600
Beds-120

Northampton Manor
200 East 16th Street
Frederick, MD 21701
301.662.8700
Beds-190

St. Joseph’s Ministries
331 South Seton Avenue
Emmitsburg, MD 21727
301-447-7000
Beds-76 St. Catherine
Beds-23 St. Vincent

Vindobona Nursing Home
6012 Jefferson Blvd, Box 318
Braddock Heights, MD 21714
301.371.7160
Beds-65

Appendix E. Affordable Housing Council Strategic Plan

FREDERICK COUNTY AFFORDABLE HOUSING COUNCIL

STRATEGIC PLAN December 12, 2011

MISSION STATEMENT: To preserve, enhance, and expand safe and affordable housing opportunities for Frederick County citizens by ensuring optimum housing services and creative use of community resources.

GOAL #1 Affordable Housing Growth

Objectives:

1. Develop new and expand existing affordable housing to keep pace with economic growth of the county for homeownership, rental and special needs populations including the homeless.
2. Through community collaboration and studies, identify and target special needs populations.
3. Collaborate with community, planning and economic development agencies to incorporate affordable housing in land use policies and plans for future growth within various subsections of city and county.
4. Create a Frederick County Affordable Housing Land Trust to ensure perpetual affordability.
5. Develop new affordable housing programs, such as:
 - a. Foreclosure Clean-up Act to purchase, rehab and resell foreclosures.
 - b. Foreclosure Prevention Program to assist homeowners with refinancing.
 - c. Rent to Own Program using leveraged funds to purchase rental properties for future resale to tenant.
 - d. Single Room Occupancy rentals through conversion of existing structures.

GOAL #2 Predictability for Affordable Housing Developers

Objectives:

1. Create new incentives for development of affordable and workforce housing:
 - a. Continue advocacy for making development decisions more timely, cost-effective and predictable for developers. Encourage streamlined processes and expedited permitting for affordable housing projects.
 - b. Work with the Planning Division to develop regulatory/legislative and zoning changes to encourage workforce housing, Single Room Occupancy facilities, accessory apartments, and other types of shared housing.
 - c. Study impact of changing from a flat impact fee to a sliding square foot fee to encourage production of smaller houses.
 - d. Support the elimination of taxes on undeveloped land for all non-profit affordable housing developers.
 - e. Propose tax incentives for rental housing.

GOAL #3 Partnerships and Shared Resources

Objectives:

1. Work collaboratively with and engage municipal agencies, planning and community groups, such as East Frederick Rising and the Golden Mile Planning Group, to ensure future growth plans include affordable housing.
2. Partner with nonprofits and the building community to identify and collaborate on ways to preserve individual, multifamily and special needs housing.
3. Connect with municipalities with programs such as “Main Street” to identify businesses with residential components for partnering on development and rehabilitation.
4. Identify State and Federal programs that help with the preservation of expiring contracts on state and federally subsidized multi- family properties.
5. Connect and engage in partnerships with organizations and agencies that provide related housing services, housing counseling and education, and economic opportunities.
6. As economy warrants, leverage HIF funds and partner with Bank CRA initiatives and private industry to create additional funding sources.

GOAL #4 Enhancing Awareness and Advocacy

Objectives:

1. Create awareness in the community as to the role of the Affordable Housing Council.
2. Increase public awareness of housing as a social issue to reduce negative stereotypes.
3. Work with city and county offices of Economic Development to strategically communicate need and benefits of housing supply to business community, targeting entry level workers coming in under new industry.
4. Involve local businesses and municipal governments to address the housing issues of teachers, municipal workers and others that work here but cannot afford to live here.

GOAL #5 Livable Communities

Objectives:

1. Be a proponent of economically viable and livable communities.
2. Encourage magnet projects that foster community development, including basic amenities (commercial, transportation, schools and open spaces within walking distance).
3. Support the development of energy efficient, affordable housing situated near existing infrastructure.
4. Identify government sources of land that could be used for affordable housing.
5. Leverage County Housing Initiative Funds to support the building of green multifamily rental housing
6. Support the intermingling of affordable housing with business located near transportation hubs.

Appendix F. Money Follows the Person Medicaid



FACT SHEET Long Term Care

Money Follows the Person Demonstration Nursing Facility Initiatives

Money Follows the Person (MFP) in Maryland helps Medicaid eligible residents transition from an institution to community living by increasing outreach in institutions and decreasing barriers to transition. New efforts under MFP include peer outreach and supports, options counseling, peer mentoring, and flex funds.

Peer Outreach and Supports staff are organized/assigned by facility; the same peer(s) will likely work with the same nursing facilities. The peers perform two main duties: outreach and on-going support. Outreach is provided to all residents of the facility, not just Medicaid-eligible residents. Peers are not assigned to contact specific residents and work in the facility as a whole. Their activities may include meeting with family and resident councils, building relationships with nursing facility staff, or going door to door to visit residents in the facility. Peers have flexibility in performing outreach activities with the outcome directed towards informing residents about the home and community based service options.

The on-going peer support activity is available upon resident request and will be provided one-on-one with a peer building a relationship with the resident, establishing trust, etc with the goal of moving toward community transition. Peer support is similar to peer mentoring, but will only take place in the nursing facility. An example of peer support is accompanying the resident when options counseling is provided.

Options Counseling (formerly Program Education and Application Assistance) provides detailed information about Medicaid and other home and community based services. It is available to nursing facility residents, regardless of Medicaid eligibility, who are interested in transitioning to the community. Once a referral is made, an employee from the Area Agencies on Aging (AAA) and/or the Centers for Independent Living (CIL) meets with the individual(s) and their representative(s) to educate them on the medical, financial and technical eligibility criteria as well as the transition process and probable time frames. The Application Assistance portion, however, is only available to LTC-Medicaid eligible individuals who would like to proceed with the transition. A person does not have to meet MFP eligibility to receive application assistance.

Peer mentoring is an MFP service intended to support MFP participants with community integration. MFP peer mentoring includes an assessment of support needs, development of a person-centered, individualized goal plan with regular goal review, and incorporates individual interaction in the community, drop-in centers, telephone support, and group training and activities. Peer mentoring can begin in the nursing facility prior to an individual's transition, but it should not begin until housing in the community has been identified for the resident; the provider will only be reimbursed if the MFP individual successfully completes a transition. Peer mentoring can continue for 365 day after transition, provided the individual remains an MFP participant throughout that time.

Flex Funds are only available for MFP Demonstration participants and they are used to assist at the time of transition. This service includes one-time only flexible funds of up to \$700 to pay for transition related costs such as an initial supply of groceries when they transition, for transportation that will allow an individual to attend housing interviews and run errands related to the transition and to allow provision of needed goods or services that are not otherwise available.



Money Follows the Person Demonstration Overview

Program Purpose

Money Follows the Person Demonstration Program was authorized by Congress as part of the Deficit Reduction Act of 2005. The intent of MFP is to:

- Increase the use of Home and Community Based Services (HCBS) and reduce the use of institutionally-based services
- Eliminate barriers and mechanisms in State law, State Medicaid plans, or State budgets that prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive long-term care in the settings of their choice
- Strengthen the ability of Medicaid programs to assure continued provision of HCBS to those individuals who choose to transition from institutions; and,
- Ensure that procedures are in place to provide quality assurance and continuous quality improvement of HCBS.

Eligibility Criteria for Money Follows the Person

- At least 90 days of institutional stay (excluding Medicare rehab stays) and at least one day paid for by Medicaid.
- Moving to a house or apartment, owned or leased by the individual or a family member, or a group home where no more than 4 unrelated individuals reside.
- Signed MFP consent form

Appendix G. Report of Service Providers Focus Group

To inform the Needs Assessment with their expertise and perspectives on the problems seniors face, 13 providers of services for older adults in Frederick County participated in a focus group convened by RaeAnn Butler, Chair of the Frederick County Commission on Aging and Administrator, Edenton Retirement Community. Service providers have direct experience with the needs of their older adult clients that makes them invaluable observers of the current status of care for older residents of the County. The key points they shared were noted by participants in other focus groups and interviews for this report, as well. These include:

- Seniors in rural areas who need transportation are severely underserved. Heavy traffic and speeding cars are a major deterrent to driving by older residents, creating an impediment to reaching medical care and other essential services. Partners in Care provides transportation by volunteers, but finds it more difficult to recruit drivers to serve the far northern and western parts of the county. Some faith-based institutions provide transportation for their congregants, but serious deficiencies in transportation clearly exist in the county.
- Financing health care is an obstacle to many seniors. Making matters worse, some seniors have been defrauded by those who take advantage of their vulnerability. Local banks are required to notify Adult Protective Services and the Department of Aging if they suspect financial exploitation of their customers.
- Those with incomes low enough to qualify for Medicaid may receive benefits not available to those with somewhat higher incomes who cannot afford to pay from their own financial resources. Waitlists for services cause many to go without or make due. Service providers are also very concerned about the rapidly increasing numbers of older adults who need care. The current system is being stretched beyond capacity.
- The providers reported a problem resulting from Medicare and Medicaid restrictions that, for example, disallow compensation to service providers for help in the home for bathing, dressing and use of the bathroom when it is the only care needed. Many seniors need essential, but minimal, care or assistance to enable them to live independently. In some cases, neighbors or volunteers can help, though that support is not widely available or dependable for the long term.
- Some seniors resist caregiving from providers from other countries and who have poor English-language skills, though these service providers are often well-trained and skillful. The older adult may reject a bonded caregiver and choose a person less qualified due to language issues. All caregivers need to be educated about cultural and language issues, especially those serving the cognitively impaired.
- Many Medicare recipients are not aware of the home-health care benefits available to them.

- Discharges from hospitals are frequently premature and often lack proper discharge planning or oversight.
- Participants from a pharmacy stated that Medicare compensation and requirements for durable equipment are putting serious pressures on seniors because their needs are not being met.
- Some older residents do not have a physician.
- Psychiatrists who can help geriatric patients are not available, and mental health issues have skyrocketed.
- The health of those caring for their spouses often deteriorates significantly.
- Some clients have been abandoned by their families.
- Dementia or Alzheimer's disease cases are increasing.
- Nursing homes and other facilities have trouble locating physicians who will treat their clients.
- Some assisted living facilities in the county have waiting lists.
- In some cases, TransIT Plus is not available for medical trips – especially out of the county for specialist appointments.
- It is a challenge to schedule transportation appointments as early as requested and difficult for some seniors to wait for the transportation.
- Medicare may “be getting it right” in supporting better management practices for chronic diseases.
- Payment based on patient outcomes rather than fee-for-service, being tested in several hospital programs, could yield great improvements in health care.
- To diminish readmission rates, Frederick Memorial Hospital staff visits the homes of patients treated for congestive heart failure and chronic obstructive pulmonary disease.
- The availability of nurse practitioners in physicians' offices is a major benefit to patients.
- Consumers are becoming better informed.



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